

Maryland STATE MEDICAL JOURNAL

Medical and Chirurgical Faculty of the State of Maryland

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CONTINUATION OF 1956 TRANSACTIONS

Medical and Chirurgical Faculty of the State of Maryland

Semiannual Meeting, September 16, 1955

Beach Lounge, Commander Hotel

Ocean City, Worcester County, Maryland

SCIENTIFIC AND BUSINESS SESSIONS

One Hundred Fifty-Eighth Annual Meeting

Baltimore, Maryland

Wednesday, Thursday, Friday, May 2, 3, 4, 1956

BUSINESS SESSIONS

Wednesday, Friday, May 2, 4, 1956

TRANSACTIONS FOR 1956

Please see MARYLAND STATE MEDICAL JOURNAL

Volume 5, No. 8, August 1956, Scientific Papers and Membership Roster

Volume 5, No. 9, September 1956, Scientific Paper, Minutes of House of
Delegates Meetings and Reports

Volume 5, No. 10, October 1956, Completion of Reports

Scientific Sessions*

PROBLEMS INVOLVED IN MEDICAL MANAGEMENT OF DISASTER¹

COLONEL JOSEPH R. SHAEFFER, MC²

Tonight, I would like to summarize for you my concept of the problems involved in the medical management of a disaster. Though I am thinking particularly of major disasters incident to a nuclear war and the employment of nuclear weapons, much I am about to say is equally applicable to a civilian disaster due to natural causes.

This is not a pleasant subject for it involves a discussion of destruction and loss of life. Nevertheless, it is timely and of concern to all. Your President spoke of the importance of preventive medicine, and we are reminded that the preventive medicine aspects of a disaster are exceedingly important.

We have just finished a fine dinner and perhaps are not in a mood to accept many of the things I am about to say, but we cannot deny the importance of the subject and our responsibilities as a profession to study and constantly review the problem.

A disaster by definition implies jeopardy to human life—which life might be one's own. Our nation has been plagued with fires, floods, storms and serious explosions each taking its toll of lives and producing significant physical damage.

In addition in our time, we have been involved in three major wars with serious loss of life,

many permanent disabilities and considerable destruction of property. We should remind ourselves that these wars have been fought elsewhere. Comparatively, as a nation, we have suffered very little. Some families have been hurt to be sure and we have been deprived of a few of our requirements. By and large, however, no serious damage has befallen us. In fact, it may be said that our unscathed productive capacity made possible the victory in each instance.

Man from birth is continually in conflict with two major adversaries—disease and injury. Eventually he becomes locked in mortal combat with one or the other. Of disease he has learned much and in many instances has been able to immunize himself against its effects. His understanding and progress continues through each decade.

He has also come to better understand the problems of injury or trauma. Though he may oftentimes prevent he may not claim immunity. Injury strikes with surprising suddenness and frequently allows no evasive action. In any one year there are reported in our nation over 10,000,000 accidental injuries and of these over 100,000 are fatal. There must be many, many more unrecorded. Our public press emphasizes the holiday weekend traffic toll. Injury shadows each of us and therefore has a personal connotation in which we should be interested.

With the development of the atomic bomb, man has succeeded in perfecting a device the destructive potential of which is almost incomprehensible. We are told by our press that some bombs can lay waste to an area equivalent

* See Vol. 5, No. 8, August 1956 Journal for Presidential Address and lectureships presented during Semiannual meeting (1955) and Annual Meeting (1956).

¹ Presented at the Presidential Dinner at the Annual Meeting of the Medical and Chirurgical Faculty of the State of Maryland, Thursday, May 3, 1956.

² Chief Surgical Consultant, Office of The Surgeon General, Department of the Army, Washington, D. C.

to the City of Baltimore. This thought is quite frustrating and perhaps accounts for much of the indifferent or apathetic attitude so prevalent among our people today. One large group of our citizenry feels that because we and our opponent both are so armed a stalemate has been reached. Another group continues to hope wishfully that these weapons will be outlawed by mutual agreement. An additional segment of our population feels that any approach to the problem is hopeless and fatalistically awaits the passage of time. However, none of these attitudes represent realistic or responsible thinking, and certainly they are not true to our heritage as Americans and a basically religious people. We cannot deny our responsibility to those who follow and some day may judge us.

Our Government and in particular our Armed Forces has the responsibility of preparing for any eventuality which may deleteriously influence our civilized progress. The military, charged with defense of the nation, may not assume there will be no future conflict among nations and cannot accept that in future war nuclear weapons will not be employed.

To those who feel contrariwise we ask them to answer two simple questions: Do you believe our opponent will surrender his autonomy without using all his powers of resistance; do you believe our nation will ever capitulate to the communistic way of life without total maximum resistance? We must also remind ourselves that historians must forever write that we did use these devices regardless of the justification. It would seem reasonable that with reference to the problem with which we may be faced in any future war that the military dictum of "the best defense is an offense" applies, and we as a nation should take such an attitude and realistically plan and prepare. Any other attitude could be fatal to our nation and to our civilization.

From a medical point of view we seek the best solution to the inherent problem of how to care for masses of casualties in which there exists a marked disparity between the number of sur-

viving injured and the available medical resources. Civil defense authorities tell us that some 70 target cities could be simultaneously struck resulting in 10-15 million injured in need of professional care with perhaps an equal number of dead. So it is with the living that we are concerned though prompt disposal of the dead will be mandatory from a psychological and disease prevention point of view. Obviously, all medical resources will be severely taxed with little effective care other than first aid for hours or days. The immediate aim of all medical effort must be to save the greatest number of lives and by the simplest means under extremely adverse circumstances.

The initial medical problem of an atomic or nuclear disaster is the care of injuries and in this all doctors become surgeons. Under the imposed conditions one may expect thousands of burns and thousands of mechanical injuries including fractures. Because there will be so few doctors available and certainly until medical facilities have been organized, one must conclude that most first aid and rescue must be carried out by non-professional individuals. This may be true for an indefinite lag period, for with massive destruction there occurs interruption of lines of communication, transportation, light, water and other supporting needs including order and reason.

It would appear, therefore, that our solution of the problem should begin with general educational programs throughout the nation in methods of first aid and rescue. General lay-familiarity with these technics may mean the difference between life and death for the individual himself or those around him. How to stop hemorrhage; apply a splint or bandage correctly or maintain an airway including artificial respiration are fundamental and can be learned. If we accept the established facts with realism we must conclude that in survival care we are not prepared but we could be with very little effort were each to apply himself. In this effort it must be admitted that our profession is under a moral obligation to assume leadership.

As a result of critical analyses of the medical efforts during recent wars and civilian disasters under stress conditions, much has been learned regarding total effective organization and management. Some of these principles should be emphasized.

1. Though leaders arise and heroic work is accomplished, nothing is as effective as a pre-conceived and planned operative approach.

2. Authoritative control is essential.

3. Priority for care and evacuation is mandatory if the greatest good is to be done.

4. Teamwork and relief must be anticipated.

5. Trial runs in training increase efficiency.

6. Improvisation and alternate methods are inherent to any planning.

7. Any race with time reveals many obstacles, many of which can be obviated through prompt control of a chaotic state.

8. Austerity in all things is the rule.

It might be well to enumerate some of the past errors which impeded efforts during civilian disasters.

1. Generally speaking central control failed.

2. The lag time in definition of the problem was inexcusably long.

3. Teamwork failed.

4. Hospital facilities were not prepared or promptly and efficiently reorganized.

5. The walking wounded or less seriously injured arrived at hospitals first and paralyzed or impeded ideal management.

6. Communication lines and auxiliary power plants broke down completely or were lacking.

7. Local authoritative leadership was lacking.

8. Some hospitals were overcrowded, others comparatively empty.

From the strictly professional point of view even more serious defects appeared.

1. Many injured were carelessly handled in rescue.

2. Fractures were not splinted before transportation.

3. Although all disaster wounds are notoriously contaminated, many were primarily sutured.

4. Blood though hastily taken from voluntary donors was unfit for use.

5. Complicated procedures were undertaken when equally effective methods would have served with economy of time and skill.

6. Senior experienced surgeons were lost in surgery rather than acting as triage directors.

In any major disaster involving large numbers of casualties the principles of military surgery apply. Military surgery specializes in the field of trauma and the experiences of many outstanding authorities on this subject have been documented. Military or combat surgery has determined the importance of:

1. Priority for care and evacuation.

2. Teamwork and echelon of care.

3. The essentialness of resuscitation and prevention of shock.

4. The treatment of all wounds by debridement and delayed closure.

5. The control of most external hemorrhage by pressure dressing and immobilization as indicated.

6. The prompt immobilization of all fractures of long bones—open or closed.

7. Before arrival at a facility for definitive care only those procedures are undertaken to save life or limb or better the status of the casualty.

8. Authoritative control for effectiveness and efficiency.

9. Ability to improvise, substitute and adjust rapidly according to the tactical situation.

These suggestions and criticisms are made for consideration in planning for any disaster and are of real importance in considering the essentials of management of a nuclear disaster. The solution to such problems cannot be reliably forthcoming during such a holocaust but must be resolved by prior organization and coordination while there is yet time. Willingness to serve and participate in this important responsibility is inadequate. There can be no immunity for the problem is national. We cannot defend that we have not been forearmed. Although war is unpleasant to contemplate we cannot be absolved from its possibility and need for a calm, realistic assumption of our obligations. We are proud of our heritage. Let us protect it.

Business Sessions

SEMIANNUAL MEETING

Friday, September 16, 1955

House of Delegates

BEACH LOUNGE, COMMANDER HOTEL

OCEAN CITY, WORCESTER COUNTY, MARYLAND

MINUTES OF THE 216th MEETING*

Friday, September 16, 1955

The 216th meeting of the House of Delegates was called to order by the President, Dr. George H. Yeager, on Friday, September 16, 1955, at 9:30 a.m., in the Beach Lounge of the Commander Hotel, Ocean City, Maryland.

The following members registered: Doctors S. Ralph Andrews, Cecil County; Philibert Artigiana, Baltimore City; Charles R. Austrian, Baltimore; J. W. Barnaby, Jr., Baltimore City; Jacob W. Bird, Montgomery County; Leo Brady, Baltimore; Howard M. Bubert, Baltimore; Read N. Calvert, Montgomery County; J. Albert Chatard, Baltimore; Thomas A. Christensen, Baltimore; John N. Classen, Baltimore City; Paul Cohen, Worcester County; C. Lockard Conley, Baltimore City; George C. Coulbourne, Somerset County; Melvin B. Davis, Baltimore County; Everett S. Diggs, Baltimore; Warfield M. Firor, Baltimore; Whitmer B. Firor, Baltimore; Wetherbee Fort, Baltimore; Jacob C. Handelsman, Baltimore City; Thurston Harrison, Talbot County; Gustav Highstein, Baltimore City; W. R. Hodges, Allegany-Garrett County; Harry C. Hull, Baltimore; R. D. Jandorf, Baltimore City; Marius P. Johnson, Baltimore City; Bender B. Kneisley, Washington County; William B. Long, Wicomico County; Robert E. Mason, Baltimore City; Leslie E. Daugherty, Allegany-Garrett County; Randall McLaughlin, Anne Arundel County; Fred A. Miller, Dorchester County; John G. Ball, Montgomery County; James P. Miller, Baltimore City; Samuel Morrison, Baltimore City; S. E. Muller, Baltimore City; C. F. O'Donnell, Baltimore County; Leslie H. Pierce, Baltimore City; Samuel T. R. Revell, Jr., Baltimore City; Robert C. Abrams, Baltimore City; L. R. Schoolman, Fred-

erick County; E. Roderick Shipley, Baltimore City; Norman E. Sartorius, Jr., Worcester County; Stedman W. Smith, Wicomico County; W. Glenn Speicher, Carroll County; W. Houston Toulson, Baltimore; John H. Trescher, Baltimore City; William G. Speed, Baltimore City; Hugh W. Ward, Calvert County; T. C. Webster, Baltimore City; William W. Welsh, Montgomery County; G. Wilberforce LeVan, Washington County; A. F. Whitsitt, Kent County; George H. Yeager, President, Baltimore; John D. Young, Jr., Baltimore City; Lewis P. Gundry, Board of Medical Examiners; William H. F. Warthen, Baltimore County; Karl F. Mech, Baltimore.

ADOPTION OF MINUTES

After preliminary announcements by the President, it was moved by Dr. Toulson, seconded by Dr. Chatard, that the minutes of the April 21, 22, 23, 1955, meetings be approved as mimeographed and circulated.

At the request of Dr. Yeager, Mrs. G. W. LeVan, President of the Woman's Auxiliary to the Medical and Chirurgical Faculty, spoke to the House of Delegates concerning some of the problems of the Auxiliary.

DISCHARGE OF COMMITTEE TO STUDY BLUE CROSS AND BLUE SHIELD

Dr. Toulson moved that the Committee to Study Blue Cross and Blue Shield in Maryland, of which Dr. Marius P. Johnson was the Chairman, be discharged with thanks for the work it had performed. Seconded and carried.

Dr. Yeager reported to the House of Delegates as a matter of information that Dr. Herman Seidel, Chairman of the Geriatrics Committee, would not resubmit his resolution until the meeting of the House of Delegates in May, 1956.

Committee on Constitution and By-Laws.* Dr. Toulson presented to the House of Delegates the amendments to the Constitution and By-Laws as follows, and moved that they be adopted. This was seconded by Dr. Bubert.

(Parenthesis) indicates matters stricken from present By-

* Committee on Constitution and By-Laws: W. Houston Toulson, M.D., Chairman, Baltimore, E. Cowles Andrus, M.D., Baltimore, Charles R. Austrian, M.D., Baltimore, Donald Hooper, M.D., Annapolis, W. Oliver McLane, Jr., M.D., Frostburg.

* Key for minutes:

Subject headings in minutes are printed in 8 pt. bold faced caps.

Motions which are adopted are printed in "caps" and "small caps."

Report headings are printed in bold faced type.

Amendments to Constitution and By-Laws are printed in "caps."

Recommendations and Resolutions are printed in italics.

Action of Resolutions Committee is printed in cap italics.

Laws. CAPITAL LETTERS indicate matters added to present By-Laws.

EXPLANATION: To provide that assessments shall be due and payable in the same manner as dues and that the penalties for non-payment of assessments shall be the same as the penalties for the non-payment of dues, principally that MEMBERS MUST PAY assessments as well as dues prior to ten days before the Annual Meeting to be considered an active member and prior to January 31 to be eligible for Physicians' Defense; and to define the fiscal year as "from January 1 to December 31, inclusive."

CHAPTER II—SECTION 1 OF BY-LAWS

SECTION 1. *Active Members.*

Funds shall be raised by per capita dues AND ASSESSMENTS to be paid by every member of the component societies. The amount of the dues shall be \$30.00 per capita per annum for active members in the County Societies and \$50.00 for active members of the Baltimore City Medical Society, with the following exceptions:

a. In the County Medical Societies the following rates shall prevail: for the first year in private practice the dues shall be \$10.00 per annum; for the second year, \$15.00; and the third year and thereafter, \$30.00.

b. In the Baltimore City Medical Society the following rates shall prevail: For the first year in private practice the dues shall be \$15.00 per capita per annum; for the second year, \$25.00; and the third year and thereafter, \$50.00.

c. As long as a physician is on the resident staff of a hospital or fellowship and not in private practice, his dues for membership in either the Baltimore City Medical Society or the County Medical Societies shall be \$2.50.

d. The dues of a licensed physician in Maryland who holds an academic position on a strict full time salary basis, other than as a fellow or house officer, shall be \$10.00 per annum as long as he holds a rank below that of an associate professor.

THE (such) per capita dues AND ASSESSMENTS are to be included in annual dues of the individual member as paid to his component society; and any member paying dues AND ASSESSMENTS in each current year prior to ten days before the Annual Meeting is to be considered an active member. However, it is herein exacted that only active members, whose dues AND ASSESSMENTS have been paid in advance, prior to January thirty-first, of each current year, will be eligible for the provisions of Physicians' Defense.

CHAPTER II—SECTION 4 OF BY-LAWS

SECTION 4.

THE FISCAL YEAR OF THE FACULTY SHALL BE FROM JANUARY FIRST TO DECEMBER THIRTY-FIRST, INCLUSIVE.

CHAPTER VII—SECTION 6, SUB-SECTION (c) OF BY-LAWS

(c) The Council shall not undertake the defense of any suit based upon an act committed before the date of qualification of the accused as a member of this Faculty. Furthermore, no member shall be entitled to the privileges of defense by the Council whose dues to the faculty

AND ASSESSMENTS LEVIED BY THE FACULTY have not been paid in advance prior to January 31st as elsewhere provided in the Constitution and By-Laws, for the year in which the mal-practice is alleged to have occurred and the year when the request is made, and such defense shall be granted only to members residing in Maryland and not to non-resident, or associate members. New members of component societies elected after January 31, whose dues AND ASSESSMENTS are paid on or before the day of their election, will be entitled to Physicians' Defense, but only for acts committed after their election.

CHAPTER IX—SECTION 9 OF BY-LAWS

SECTION 9.

DUES AND assessments. The Secretary of each component society shall forward its per capita DUES AND (assessment) ASSESSMENTS, together with its roster of officers and members, list of delegates, and list of non-affiliated physicians of the county to the Secretary of this Faculty each year ten days before the Annual Session. Active members who shall have paid their dues AND ASSESSMENTS in advance on or before January 31st for the year in which the malpractice is alleged to have occurred and the year when the request is made as provided elsewhere in this Constitution and By-Laws, Chapter 7, Section 6 of the By-Laws, shall be entitled to defense against alleged malpractice suits, but only for acts alleged to have been committed during a fiscal year paid for in advance. The fiscal year of the Faculty shall be (coincident with the calendar year) FROM JANUARY FIRST TO DECEMBER THIRTY-FIRST, INCLUSIVE. Members of component societies who have not paid their dues AND ASSESSMENTS ten days prior to the Annual Meeting, shall be suspended from the Faculty without further action on the part of the Faculty, but may be reinstated on the payment of all indebtedness to the Faculty, but such reinstatement cannot be made until after the Annual Meeting. Such members, who are in arrears for over one year, shall again come before the Board of Censors of the component society to which they belonged, before being reinstated. Members so suspended shall not have any privileges of the Faculty until all indebtedness to the Faculty shall have been paid.

CHAPTER IX—SECTION 10 OF BY-LAWS

SECTION 10. *Penalties.*

Any component society which fails to pay its DUES AND (assessment) ASSESSMENTS, or make the report required, at least ten days before the Annual Meeting as specified in Section 9 shall be held as suspended, and delegates of such delinquent societies shall not be permitted to participate in the proceedings of the House of Delegates until such requirements shall have been met.

EXPLANATION: To provide that the annual dues to be paid by associate members who are on the resident staff of a hospital, etc. shall be the same as the dues for active members in the same category.

CHAPTER II—SECTION 2 OF BY-LAWS

SECTION 2. *Associate Members.*

The annual dues for associate members shall be \$15.00 per year, and shall be payable January 31, in advance, with the following exceptions:

a. AS LONG AS A PHYSICIAN IS ON THE RESIDENT STAFF OF A HOSPITAL OR FELLOWSHIP AND NOT IN PRIVATE PRACTICE, HIS DUES FOR MEMBERSHIP IN EITHER THE BALTIMORE CITY MEDICAL SOCIETY OR THE COUNTY MEDICAL SOCIETIES SHALL BE \$2.50.

The present sub-section a. will become sub-section b. without any change in the wording.

EXPLANATION: To provide that members of the Committee on Scientific Work and Arrangements shall not be elected for more than a four year term and shall only serve as Chairman for one year.

CHAPTER VIII—SECTION 2 OF BY-LAWS
SECTION 2.

The Committee on Scientific Work and Arrangements shall consist of four members (, of which) AND the Secretary OF THE FACULTY (shall be one.) THE TERMS OF THE MEMBERS SHALL BE 4 YEARS EXCEPT THAT INITIAL AND INTERIM ELECTIONS SHALL BE FOR TERMS THAT WILL PROVIDE ONE VACANCY EACH YEAR THEREAFTER AND ONE NEW MEMBER SHALL BE ELECTED EACH YEAR TO FILL SAID VACANCY. THE MEMBER WHOSE TERM NEXT EXPIRES SHALL AUTOMATICALLY SERVE AS CHAIRMAN. It shall determine the character and scope of the scientific proceedings of the Faculty for each session, subject to the instructions of the House of Delegates, or the Council. Fifteen days previous to each session it shall prepare and issue a program announcing the order in which papers, discussions and other business shall be presented. It shall also provide suitable accommodations for the meeting places of the Faculty and of the House of Delegates, and of their respective Committees, and shall have general charge of all the arrangements. Its Chairman shall report an outline of the arrangements to the Secretary, at least twenty days before the date of meeting, for publication in the program, and shall make additional announcements during the session as occasion may require.

EXPLANATION: To provide that any new business to be presented to the House of Delegates shall be presented in writing to the Secretary at least eight weeks prior to the date of the Meeting, in order that it may be distributed to the Component Societies, the members of the House of Delegates and the Resolutions Committee in ample time prior to the Meeting.

CHAPTER VIII—SECTION 9 OF BY-LAWS
SECTION 9. *Resolutions Committee.*

The Resolutions Committee shall consist of five members to be appointed annually by the President of the Medical and Chirurgical Faculty, who shall also designate the Chairman of the Resolutions Committee. This Committee shall be chosen from the House of Delegates,

and shall be appointed at least 30 days before the Annual Meeting of the House of Delegates.

Any new business involving a question of policy, which has not previously been considered by the Council or the House of Delegates, shall be referred to the Resolutions Committee for consideration, before being acted on by the House of Delegates. ANY SUCH NEW BUSINESS SHALL BE PRESENTED IN WRITING TO THE SECRETARY OF THE FACULTY AT LEAST 8 WEEKS PRIOR TO THE ANNUAL OR SEMIANNUAL MEETING WHICHEVER HAPPENS TO BE CONCERNED.

ALL PROPOSED RESOLUTIONS SHALL BE REFERRED TO THE RESOLUTIONS COMMITTEE AND THAT COMMITTEE SHALL PRESENT THEM TO THE HOUSE OF DELEGATES WITH ITS RECOMMENDATIONS AS TO APPROVAL, DISAPPROVAL OR RECOMMITTAL TO THE SPONSOR FOR REVISION WITH THE RECOMMENDATIONS OF THE RESOLUTIONS COMMITTEE. IF THE RESOLUTIONS COMMITTEE APPROVES THE PRINCIPLE OF A PROPOSED RESOLUTION BUT NOT THE FORM OF EXPRESSION, IT SHALL HAVE THE AUTHORITY TO SUBMIT TO THE SPONSOR A REVISED RESOLUTION WHICH, IF AGREED TO BY THE SPONSOR, MAY BE PRESENTED TO THE HOUSE OF DELEGATES BY THE RESOLUTIONS COMMITTEE.

THE COUNCIL MAY REFER TO THE RESOLUTIONS COMMITTEE ALL RECOMMENDATIONS THAT SHOULD BE FORMULATED AS RESOLUTIONS BEFORE PRESENTATION TO THE HOUSE OF DELEGATES WITH AN EXPRESSION OF OPINION BY THE COUNCIL AS TO THE POLICY INVOLVED THEREIN.

The Resolutions Committee shall report to the House of Delegates at the time indicated by the Chairman of the House of Delegates.

EXPLANATION: To provide the Professional Conduct Committee with authority to take action upon the cases brought before them and report periodically to the Council of the Faculty.

CHAPTER VIII—SECTION 8 OF BY-LAWS

SECTION 8. *Professional Conduct Committee.*

This Committee shall consist of the five immediate Past Presidents of the Medical and Chirurgical Faculty and the Chairman of the Council with the Senior Past President as Chairman of the Committee. The function of this Committee will be to hear legitimate grievances against members of the Society, examine the facts of the grievances and (make recommendations) REPORT PERIODICALLY as to their disposition to the Council of the Faculty.

EXPLANATION: To designate that the Secretary shall be ex-officio member of all Committees.

CHAPTER VI—SECTION 3 OF BY-LAWS

SECTION 3. *Secretary.*

The Secretary shall attend all the General Meetings of the Faculty and the Meetings of the House of Delegates.

gates, and shall keep minutes of their respective proceedings in separate record books. He shall be ex-officio Secretary of the Council. HE SHALL BE EX-OFFICIO MEMBER OF ALL COMMITTEES. He shall be custodian of all record books and papers belonging to the Faculty, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Faculty which come into his hands. He shall provide for the registration of the members and delegates at all Sessions. He shall, with the cooperation of the secretaries of the component societies, keep a card-index register of all the legal practitioners of the State by Counties, noting on each his status in relation to his county society, and on request, shall transmit a copy of this list to the American Medical Association. He shall aid the Councilors in the organization and improvement of the County Societies and in the extension of the power and usefulness of this Faculty. He shall conduct the official correspondence notifying members of meetings, officers of their election and Committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates or the Council, and shall make an annual report to the House of Delegates. He shall supply each component society with the necessary blanks for making their annual reports, shall keep an account with the component societies charging against each society its assessment, collect the same, and at once turn it over to the Treasurer. Acting with the Committee on Scientific Work and Arrangements, he shall prepare and issue all programs.

Considerable discussion concerning minor changing in the wording followed. As a result, it was moved by Dr. R. N. Calvert that in Chapter 8, Section 8, the word "LIVING" be added so that the first sentence shall read: "Professional Conduct Committee. This Committee shall consist of the five LIVING immediate past presidents of the Medical and Chirurgical Faculty and the Chairman of the Council with the Senior Past President as Chairman of the Committee. . . ." THIS WAS ACCEPTED BY DR. TOULSON AND THE AMENDMENT WAS CARRIED.

Dr. Connolly moved that Chapter II, Section 1, paragraphs c and d, be altered to include the phrase, "AND HE SHALL NOT BE LIABLE FOR ASSESSMENT." THIS WAS ACCEPTED BY DR. TOULSON, AND THE AMENDMENT WAS CARRIED. THESE TWO SECTIONS WILL READ AS FOLLOWS:

c. As long as a physician is on the resident staff of a hospital or fellowship and not in private practice, his dues for membership in either the Baltimore City Medical Society or the County Medical Societies shall be \$2.50, AND HE SHALL NOT BE LIABLE FOR ASSESSMENT.

d. The dues of a licensed physician in Maryland who holds an academic position on a strict full-time salary basis other than as a fellow or house officer, shall be \$10.00 per annum as long as he holds a rank below that of an associate professor, AND HE SHALL NOT BE LIABLE FOR ASSESSMENT.

THE BY-LAWS, AS AMENDED, WERE ADOPTED.

Interim Report of Committee to Study Accreditation of Hospitals (Residencies and Internships). Dr. H. E. Wilgis read the Interim Report of the Committee to Study Accreditation of Hospitals, Residencies and Internships in which he stated that the Committee has set-up several subcommittees to review various phases of this study. (Copy attached.) He submitted the following request: In view of the fact that the House of Delegates of the Faculty does not meet again until May, 1956, and that the aforementioned special committee of the A.M.A. must submit its report to the A.M.A. in June, 1956, your Committee requests that it be authorized to present its findings, conclusions and recommendation, after approval by the Council of the Faculty, to the Special Committee, the Joint Commission on Accreditation of Hospitals, and the Council on Education and Hospitals of the A.M.A., in order that said Special Committee may consider them before rendering its report, and also in order that these three bodies may be fully cognizant of the situation before coming to any conclusion.

Doctors Schoolman, Morrison and Handelsman discussed the report, pointing out the importance of this study. It was requested by Dr. Schoolman that the findings of the Committee be submitted to each Component Society. Dr. Handelsman suggested that the mimeographed report also be sent to the delegates. THE MOTION WAS MADE AND SECONDED THAT THE RECOMMENDATIONS OF THIS COMMITTEE BE ACCEPTED AND THAT THE FINAL REPORTS FROM THIS COMMITTEE BE FORWARDED TO THE COMPONENT MEDICAL SOCIETIES AND DELEGATES. Motion carried.

EMERITUS MEMBERSHIP

Dr. Frank J. Broschart, Montgomery County Medical Society, who was made an emeritus member by action of the House of Delegates at the April 1955 meeting, prefers to be carried on an active status. It was moved, seconded and carried that Dr. Broschart be carried as an active member of the Faculty.

ANNOUNCEMENTS

Dr. Yeager read the letter from Mr. John O. Moore, Director, of the Automotive Crash Injury Research, Cornell University Medical School, thanking the Faculty for its participation in the Crash Injury Study.

DR. CHATARD

Dr. Yeager presented Dr. Chatard to the House of Delegates, and he expressed his appreciation for the support given to him during his many years as Treasurer of the Society. He further expressed his appreciation to Mr. Kirkman and the Staff, and asked the delegates to support Dr. Fort in his requests of the future as Treasurer, as they had supported him (Dr. Chatard) in the past.

Resolutions Committee. Dr. Robert vL. Campbell reported for the Resolutions Committee.

The first recommendation was from the Committee to confer with Blue Cross and Blue Shield in regard to Radio-

logical Section and Maryland Radiological Society resolution of April 26, 1954.

The following was the recommendation of the Committee:

1. That a permanent Committee be set up to pursue these problems to their conclusion.
2. That the membership of the Committee include a fair representation of medical members of the specialty groups most vitally affected.
3. That the Maryland Medical and Chirurgical Faculty request a semiannual report from the Board of Trustees of the Maryland Hospital Service Incorporated and Maryland Medical Service Incorporated pertaining specifically to these problems and what has been accomplished toward their solution. These reports are to be submitted approximately two months prior to the Annual Meeting and the Semiannual Meeting and that these reports be made a matter of routine business at these meetings.
4. That the appointment of members of the Society to fill medical vacancies in the above mentioned Board of Trustees be made only after an investigation of the qualifications of the candidate and his full knowledge of and interest in these controversial problems is known and approved.

Dr. Campbell, Chairman of the Resolutions Committee made the following statement:

"After conferring with the Chairman of this Committee, certain changes were made which clarify the resolution as submitted. These changes are agreeable to the author of the resolution. They are as follows:

PARAGRAPH 1—STRIKE OUT THE WORD "PERMANENT."

THE APPOINTMENT OF A PERMANENT OR STANDING COMMITTEE WOULD REQUIRE A CHANGE IN CHAPTER 8 OF OUR BY-LAWS.

ADD IN PARAGRAPH 1 AFTER THE PHRASE, "THAT A COMMITTEE BE," THE WORDS, "APPOINTED BY THE COUNCIL."

THIS PARAGRAPH WOULD THEN READ, "THAT A COMMITTEE BE APPOINTED BY THE COUNCIL TO PURSUE THESE PROBLEMS TO THEIR CONCLUSION."

PARAGRAPH 2—STRIKE OUT THE WORD "MEDICAL."

PARAGRAPH 4—AFTER THE WORD "CANDIDATE," ADD THE WORDS, (BY THE CHAIRMAN OF THE COUNCIL).

This paragraph would then read, "THAT THE APPOINTMENT OF MEMBERS OF THE SOCIETY TO FILL MEDICAL VACANCIES IN THE ABOVE MENTIONED BOARD OF TRUSTEES BE MADE ONLY AFTER AN INVESTIGATION OF THE QUALIFICATIONS OF THE CANDIDATE (BY THE CHAIRMAN OF THE COUNCIL) AND HIS FULL KNOWLEDGE OF AND INTEREST IN THESE CONTROVERSIAL PROBLEMS IS KNOWN AND APPROVED."

After considerable discussion it was moved that the following resolution be adopted as amended:

1. THAT A COMMITTEE BE APPOINTED BY THE

COUNCIL TO PURSUE THESE PROBLEMS TO THEIR CONCLUSION.

2. THAT THE MEMBERSHIP OF THE COMMITTEE INCLUDE A FAIR REPRESENTATION OF MEMBERS INTERESTED IN THE PROBLEMS.
3. THAT THE MARYLAND MEDICAL AND CHIRURGICAL FACULTY REQUEST A SEMI-ANNUAL REPORT FROM THE BOARD OF TRUSTEES OF THE MARYLAND HOSPITAL SERVICE, INCORPORATED, AND MARYLAND MEDICAL SERVICE, INCORPORATED, PERTAINING SPECIFICALLY TO THESE PROBLEMS AND WHAT HAS BEEN ACCOMPLISHED TOWARD THEIR SOLUTION. THESE REPORTS ARE TO BE SUBMITTED APPROXIMATELY TWO MONTHS PRIOR TO THE ANNUAL MEETING AND THE SEMI-ANNUAL MEETING AND THAT THESE REPORTS BE MADE A MATTER OF ROUTINE BUSINESS AT THESE MEETINGS.
4. THAT THE APPOINTMENT OF MEMBERS OF THE SOCIETY TO FILL MEDICAL VACANCIES IN THE ABOVE MENTIONED BOARD OF TRUSTEES BE MADE ONLY AFTER AN INVESTIGATION OF THE QUALIFICATIONS OF THE CANDIDATE BY THE CHAIRMAN OF THE COUNCIL OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

Mr. R. H. Dabney, Director, Maryland Hospital and Maryland Medical Service, was given the floor and requested that special attention be given to specialty and geographical distribution in selecting the membership of the Committee.

Report of the Advisory Committee to the State Department of Health. The report of the Advisory Committee to the State Department of Health was then presented. DR. ROBERT vL. CAMPBELL MOVED THAT THE HOUSE OF DELEGATES ACT FAVORABLY ON THIS REPORT. SECONDED BY DR. WHITMER B. FIROR. THE FOLLOWING IS THE RECOMMENDATION:

"Due to the ill-use of certain laboratory facilities, namely the examination of blood and urine specimens for clinical purposes, when there are private laboratory facilities available for doing the same, the Advisory Committee to the State Department of Health recommends that the State Health Department Laboratory and its branches accept only blood and urine specimens, to be examined for clinical purposes, from the State Clinics, the certified medically indigent, and any such other specimens as shall be certified by the deputy health officer."

There was considerable discussion by Doctors Prather, Kneisley, Jett, Welsh, Moyers and Cohen. In addition a telegram from Dr. Ralph Horky, delegate from the Harford County Medical Society, was read opposing this recommendation. Dr. Prather pointed out that the Medical Care Committee of the Maryland State Planning Commission is at the moment studying this problem and the State Health Department would have to abide by that Committee's recommendations. Dr. Kneisley reiterated the tremendous amount of work, thought and fact-gathering that had been accom-

plished to arrive at the recommendations presented here. Dr. Jett felt that the adoption of such a resolution would make it more difficult to obtain new physicians in the counties. DR. WELSH POINTED OUT THAT MONTGOMERY COUNTY OBJECTED TO BEING POLICED BY THE STATE HEALTH DEPARTMENT AND MOVED THAT THE RESOLUTION BE AMENDED AS FOLLOWS: TO DELETE, "AND ANY SUCH OTHER SPECIMENS AS SHALL BE CERTIFIED BY THE DEPUTY HEALTH OFFICER," AND TO TRANSPOSE THE WORD, "only," FROM "ACCEPT ONLY BLOOD AND URINE" TO "ACCEPT BLOOD AND URINE SPECIMENS TO BE EXAMINED FOR CLINICAL PURPOSES ONLY FROM THE STATE CLINICS, THE CERTIFIED MEDICALLY INDIGENT, AND THOSE CERTIFIED BY THEIR PRIVATE PHYSICIANS TO BE ELIGIBLE FOR SUCH SERVICE." THIS AMENDMENT WAS ACCEPTABLE TO DR. KNEISLEY. DR. COHEN POINTED OUT THAT HIS COUNTY DID NOT HAVE LABORATORY FACILITIES AVAILABLE AND DR. KNEISLEY STATED THAT THE RECOMMENDATION DIRECTS THAT THIS APPLIES ONLY WHEN PRIVATE FACILITIES ARE AVAILABLE. THE AMENDMENT WAS THEN CARRIED BY A VOTE OF FORTY-TWO TO FIVE. THE FOLLOWING IS THE RESOLUTION AS ADOPTED:

DUE TO THE ILL-USE OF CERTAIN LABORATORY FACILITIES, NAMELY: THE EXAMINATION OF BLOOD AND URINE SPECIMENS FOR CLINICAL PURPOSES, WHEN THERE ARE PRIVATE LABORATORY FACILITIES AVAILABLE FOR DOING THE SAME, THE ADVISORY COMMITTEE TO THE STATE DEPARTMENT OF HEALTH RECOMMENDS THAT THE STATE HEALTH DEPARTMENT LABORATORY AND ITS BRANCHES ACCEPT BLOOD AND URINE SPECIMENS TO BE EXAMINED FOR CLINICAL PURPOSES ONLY FROM THE STATE CLINICS, THE CERTIFIED MEDICALLY INDIGENT, AND THOSE CERTIFIED BY THEIR PRIVATE PHYSICIANS TO BE ELIGIBLE FOR SUCH SERVICE.

RESOLUTION FROM THE MARYLAND SOCIETY OF PATHOLOGISTS, INC.

DR. CAMPBELL PRESENTED THE REPORT ON THE RESOLUTION, AND MOVED THAT THE RESOLUTION BE DISAPPROVED. THIS WAS SECONDED BY DR. MILLER. AFTER SOME DISCUSSION THE MOTION DISAPPROVING THE RESOLUTION WAS CARRIED. Following is the resolution:

"WHEREAS the Baltimore City Medical Society by revision of the Constitution and By-Laws on November 20, 1953 holds that physicians who are 'professionally active' are not eligible for associate membership and

WHEREAS it was the decision of the Executive Board of the Baltimore City Medical Society that the practice of pathology in the State of Maryland is included in the practice of medicine and that physicians practicing pathology are professionally active and, therefore, not eligible for associate membership and

WHEREAS the Maryland Society of Pathologists, Inc. approves the action of the Baltimore City Medical Society and WHEREAS it is highly desirable that such regulation be applicable to all practicing pathologists in the State of Maryland,

THEREFORE, be it resolved that the Maryland Society of

Pathologists, Inc. do hereby petition and request the Medical and Chirurgical Faculty of the State of Maryland to make such amendments to its Constitution and By-Laws as will require all practicing pathologists licensed in the State of Maryland and belonging to the Medical and Chirurgical Faculty be active members of the Faculty and preclude their holding any other form of membership which the Society now has or in the future contemplates."

Dr. Shipley then submitted a substitute motion which was as follows:

"Be it moved that the House of Delegates of the Medical and Chirurgical Faculty of the State of Maryland does believe that the practice of pathology in the State of Maryland is included in the practice of medicine and that physicians practicing pathology are professionally active."

This was seconded by Dr. Christensen. After considerable discussion this motion was disapproved by a vote of 26 to 23.

CIVIL DEFENSE AND GROUND OBSERVER CORPS RESOLUTION.

DR. CAMPBELL PRESENTED THE RESOLUTION AND MOVED THAT IT BE ADOPTED AS ALTERED, SECONDED AND CARRIED. The resolution reads as follows:

WHEREAS, CIVIL DEFENSE IS NECESSARY TO MINIMIZE THE EFFECTS OF ATTACK ON OUR COUNTRY IN THE EVENT OF WAR AND IS HELPFUL IN COMBATING THE EFFECTS OF NATURAL DISASTERS IN TIME OF PEACE, AND

WHEREAS, THE GROUND OBSERVER CORPS IS A NECESSARY FUNCTION OF CIVIL DEFENSE IN ACTUAL OPERATION TODAY AS AN INTEGRAL PART OF OUR CONTINENTAL AIR DEFENSE AND ATTACK WARNING SYSTEMS, AND

WHEREAS, VOLUNTEERS MUST TAKE AN IMPORTANT PART AND ACCEPT A TREMENDOUS RESPONSIBILITY IN CIVIL DEFENSE TODAY OR IN THE EVENT OF ATTACK OR NATURAL DISASTERS, AND

WHEREAS, WE, THE MEMBERS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND REALIZE THAT AS INDIVIDUALS WE MIGHT BE LESS LIKELY TO ACTIVELY PARTICIPATE IN CIVIL DEFENSE, AND

WHEREAS, VOLUNTEERING TO SERVE CIVIL DEFENSE THROUGH OUR ORGANIZATION IN LOCAL COMMUNITIES, WE COULD BE A GREAT FORCE TO HELP MAINTAIN THE PEACE, THEREFORE

BE IT RESOLVED, THAT, WE, AS AN ORGANIZATION, APPROVE OF OUR MEMBERS VOLUNTEERING TO THEIR CITY, COUNTY OR TOWN CIVIL DEFENSE DIRECTOR FOR THE CIVIL DEFENSE RESPONSIBILITIES, TRAINING, ASSIGNMENTS AND DUTIES THAT ARE NECESSARY FOR OUR COMMUNITY, OUR COUNTY, OUR STATE AND OUR NATION.

The meeting adjourned at 12:15 p.m.

Respectfully submitted,

EVERETT S. DIGGS, M.D., Secretary

REPORTS

To the House of Delegates

**REPORT BY THE PRESIDENT OF THE
WOMAN'S AUXILIARY TO THE
MEDICAL AND CHIRURGICAL
FACULTY**

MRS. GERALD W. LEVAN

Mr. President and Members of the House of Delegates:

I appreciate the privilege of reporting the projects and progress of the Woman's Auxiliary to you and bringing you greetings and best wishes from our members. The framework of our organization is complete, but we are far from content. There are 18 county medical societies in Maryland which do not, at this time, enjoy the partnership of an auxiliary. Conforming to the policy laid down by our National Auxiliary, we must contact the president of each of these societies and through him obtain permission to contact their wives for organizational purposes. Each of these societies were approached last year and many of them again this year. Three county society presidents granted us permission to organize but showed no further interest or gave us any help toward that end. In other counties we encountered medical society resistance. We feel that you, our parent organization, may help us here by telling the doctors something about our work and the necessity of an auxiliary.

Organization and membership are the cornerstones of the foundation upon which all other activities are built. A strong unified organization is essential in order to fulfill our Auxiliary program plans for community health and health education. The work of our organization will not be completed until every medical society in the state has its auxiliary and our membership more nearly parallels that of the State Medical Society. The present membership of around 500 have been carrying the load while approximately 2,000 eligible women are not members.

The State Auxiliary is made up of 5 component auxiliaries—Baltimore City and 4 counties. Being an auxiliary to the medical society, we function as such, and are *not* independent. Our basic policies are determined by our medical society and the projects and activities of your Auxiliary parallel your own. As Auxiliary members we have a twofold service to render: (1) education of ourselves in subjects relative to the medical profession, (2) bringing this message of organized medicine to our home communities through the organization and clubs in which we hold membership.

A broad over-all program is formulated by our National Auxiliary, but is flexible enough to fit the needs of any community and can be used in part or as a whole. Before any plans can be definite or put into action by the Auxiliary, it is of major importance that we consult the Medical Societies' Advisory Committee so we can be sure our plans are acceptable to the Society. This is the first rule of procedure in all auxiliary work.

"Friendly relations" constitute much of our basic foundation, but the intent and value of the Auxiliary has now broad-

ened into activities that are more far-reaching and productive.

We have committees on *Program*, which is self-education of the members in order that they may interpret and support the ideals of organized medicine. *Public Relations*—is developing activities which interpret to the public the medical viewpoint on the health problems of the community, and correlating our program with the medical society, stressing the importance of the individual doctor's wife as the public relations agent in her community. *Legislation*: To study state and national legislation which pertains to health and to assist the Medical Societies' legislative committee in any way requested. *Today's Health*: To promote the distribution of the American Medical Association's publication, the authentic source of information on medical and health measures. *Nurse Recruits*: The recruiting of young women for nursing careers is a project common to all auxiliaries. We have established scholarships and loan funds for student nurses who otherwise could not afford to enter upon a nursing career. It may interest you to know that the Auxiliary sponsored Future Nurse's Clubs in Maryland have placed us as a National leader in this field. At present we have 60 Future Nurse's Clubs, some 1300 members in the high schools over the State. These clubs are chartered, publish their own monthly News-letter and hold their own Convention each year. Future Careers in allied-sciences will be adopted as a new project this year, as soon as our plans are complete and accepted. All will not take up nursing, we know, but who knows how many may be recruited for technicians, dietitians, medical librarians, etc. *Mental Illnesses* and Accidents are "number 1" problems today. *Civil Defense*, *AMEF*

In addition to our program, we serve as volunteers in all community health drives . . . too numerous to mention.

Component auxiliaries have their special projects and philanthropies. My own Auxiliary assumed the responsibility of the Medical Library in our Hospital and have done a splendid job . . . winning praise of the Medical Society and the Hospital.

My one great desire is for closer relationship, cooperation and mutual understanding between the medical society and Auxiliary in Maryland. Friendliness in our society-auxiliary groups will bring unity and harmony which are essential in both our work and social activities, and will help more than anything else to increase attendance at our meetings.

During the past year while working as chairman of the State Organization Committee, I was made very conscious of the *medical society resistance* throughout the state, and have wondered just what can be done to break down this resistance. Surely, there is something we can do to overcome such a situation. I learned that many county doctors and wives are content to expend themselves and their talents in their local community 'where it is appreciated.' The chief criticism was the lack of friendliness and hospitality they always have found at the state meetings. Medical society resistance can be lessened only when someone can open the eyes of the doctor and stir his imagination. He will have to be told of our record of achievements and shown how and where the Auxiliary has aided the profession in our communities, before he will

recognize our worth or properly evaluate our influence. Here again, is where friendliness and hospitality can play an important part but the job is not entirely up to the women. We are concentrating great efforts in this direction and I hope the doctors will assume a bit of the responsibility. Mrs. A. Austin Pearre and her Hospitality Committee—chosen from different sections of the state, will be on hand at all of our general meetings to give the wives a hearty welcome and will do the utmost to make each one "feel at home" in our midst. If we can accomplish this objective, they will want to come back again.

If the doctor's wives are to be the link between the profession and the public and achieve the ideal in public relations, then we must cultivate better relationship and cooperation in our own groups. Let's always remember that we of the State organizations are host and hostess! We are you know.

COMMITTEE ON CONSTITUTION AND BY-LAWS

Mr. President and Members of the House of Delegates:

Proposed Amendments to the By-Laws of the Faculty to be presented to the House of Delegates at the Semi-Annual Meeting to be held on September 16, 1955.

(Parenthesis) indicates matters stricken from present By-Laws. CAPITAL LETTERS indicate matters added to present By-Laws.

EXPLANATION: To provide that assessments shall be due and payable in the same manner as dues and that the penalties for non-payment of assessments shall be the same as the penalties for the non-payment of dues, principally that MEMBERS MUST PAY assessments as well as dues prior to ten days before the Annual Meeting to be considered an active member and prior to January 31 to be eligible for Physicians' Defense; and to define the fiscal year as "from January 1 to December 31, inclusive."

CHAPTER II, SECTION 1 OF BY-LAWS

SECTION 1. *Active Members.*

Funds shall be raised by per capita dues AND ASSESSMENTS to be paid by every member of the component societies. The amount of the dues shall be \$30.00 per capita per annum for active members in the County Societies and \$50.00 for active members of the Baltimore City Medical Society, with the following exceptions:

a. In the County Medical Societies the following rates shall prevail: for the first year in private practice the dues shall be \$10.00 per annum; for the second year, \$15.00; and the third year and thereafter, \$30.00.

b. In the Baltimore City Medical Society the following rates shall prevail: for the first year in private practice the dues shall be \$15.00 per capita per annum; for the second year, \$25.00; and the third year and thereafter, \$50.00.

c. As long as a physician is on the resident staff of a hospital or fellowship and not in private practice, his dues for membership in either the Baltimore City Medical Society or the County Medical Societies shall be \$2.50.

d. The dues of a licensed physician in Maryland who

holds an academic position on a strict full time salary basis, other than as a fellow or house officer, shall be \$10.00 per annum as long as he holds a rank below that of an associate professor.

THE (such) per capita dues AND ASSESSMENTS are to be included in annual dues of the individual member as paid to his component society; and any member paying dues AND ASSESSMENTS in each current year prior to ten days before the Annual Meeting is to be considered an active member. However, it is herein exacted that only active members, whose dues AND ASSESSMENTS have been paid in advance, prior to January thirty-first, of each current year, will be eligible for the provisions of Physicians Defense.

CHAPTER II—SECTION 4 OF BY-LAWS

SECTION 4.

THE FISCAL YEAR OF THE FACULTY SHALL BE FROM JANUARY FIRST TO DECEMBER THIRTY-FIRST, INCLUSIVE.

CHAPTER VII—SECTION 6, SUB-SECTION (c) OF BY-LAWS

(c) The Council shall not undertake the defense of any suit based upon an act committed before the date of qualification of the accused as a member of this Faculty. Furthermore, no member shall be entitled to the privileges of defense by the Council whose dues to the Faculty AND ASSESSMENTS LEVIED BY THE FACULTY have not been paid in advance prior to January 31st as elsewhere provided in the Constitution and By-Laws, for the year in which the malpractice is alleged to have occurred and the year when the request is made, and such defense shall be granted only to members residing in Maryland and not to non-resident, or associate members. New members of component societies elected after January 31, whose dues AND ASSESSMENTS are paid on or before the day of their election, will be entitled to Physicians' Defense, but only for acts committed after their election.

CHAPTER IX—SECTION 9 OF BY-LAWS

SECTION 9. *DUES AND assessments.*

The Secretary of each component society shall forward its per capita DUES AND (assessment) ASSESSMENTS, together with its roster of officers and members, list of delegates, and list of non-affiliated physicians of the county to the Secretary of this Faculty each year ten days before the Annual Session. Active members who shall have paid their dues AND ASSESSMENTS in advance on or before January 31st for the year in which the malpractice is alleged to have occurred and the year when the request is made as provided elsewhere in this Constitution and By-Laws, Chapter 7, Section 6 of the By-Laws, shall be entitled to defense against alleged malpractice suits, but only for acts alleged to have been committed during a fiscal year paid for in advance. The fiscal year of the Faculty shall be (coincident with the calendar year) FROM JANUARY FIRST TO DECEMBER THIRTY-FIRST, INCLUSIVE. Members of component societies who have not paid their dues AND ASSESSMENTS ten days prior to the Annual Meeting, shall be suspended from the Faculty without further

action on the part of the Faculty, but may be reinstated on the payment of all indebtedness to the Faculty, but such reinstatement cannot be made until after the Annual Meeting. Such members, who are in arrears for over one year, shall again come before the Board of Censors of the component society to which they belonged, before being reinstated. Members so suspended shall not have any privileges of the Faculty until all indebtedness to the Faculty shall have been paid.

CHAPTER IX—SECTION 10 OF BY-LAWS

SECTION 10. Penalties.

Any component society which fails to pay its DUES AND (assessment) ASSESSMENTS, or make the report required, at least ten days before the Annual Meeting as specified in Section 9 shall be held as suspended, and delegates of such delinquent societies shall not be permitted to participate in the proceedings of the House of Delegates until such requirements shall have been met.

EXPLANATION: To provide that the annual dues to be paid by associate members who are on the resident staff of a hospital, etc. shall be the same as the dues for active members in the same category.

CHAPTER II, SECTION 2 OF BY-LAWS

SECTION 2. Associate Members.

The annual dues for associate members shall be \$15.00 per year, and shall be payable January 31, in advance, with the following exceptions:

a. AS LONG AS A PHYSICIAN IS ON THE RESIDENT STAFF OF A HOSPITAL OR FELLOWSHIP AND NOT IN PRIVATE PRACTICE, HIS DUES FOR MEMBERSHIP IN EITHER THE BALTIMORE CITY MEDICAL SOCIETY OR THE COUNTY MEDICAL SOCIETIES SHALL BE \$2.50.

The present sub-section a. will become sub-section b. without any change in the wording.

EXPLANATION: To provide that members of the Committee on Scientific Work and Arrangements shall not be elected for more than a four year term and shall only serve as chairman for one year.

CHAPTER VIII, SECTION 2 OF BY-LAWS

SECTION 2.

The Committee on Scientific Work and Arrangements shall consist of four members (, of which) AND the Secretary OF THE FACULTY (shall be one.) THE TERMS OF THE MEMBERS SHALL BE 4 YEARS EXCEPT THAT INITIAL AND INTERIM ELECTIONS SHALL BE FOR TERMS THAT WILL PROVIDE ONE VACANCY EACH YEAR THEREAFTER AND ONE NEW MEMBER SHALL BE ELECTED EACH YEAR TO FILL SAID VACANCY. THE MEMBER WHOSE TERM NEXT EXPIRES SHALL AUTOMATICALLY SERVE AS CHAIRMAN. It shall determine the character and scope of the scientific proceedings of the Faculty for each session, subject to the instructions of the House of Delegates, or the Council. Fifteen days previous to each session it shall prepare and issue a program announcing the order in which papers,

discussions and other business shall be presented. It shall also provide suitable accommodations for the meeting places of the Faculty and of the House of Delegates, and of their respective Committees, and shall have general charge of all the arrangements. Its Chairman shall report an outline of the arrangements to the Secretary, at least twenty days before the date of meeting, for publication in the program, and shall make additional announcements during the session as occasion may require.

EXPLANATION: To provide that any new business to be presented to the House of Delegates shall be presented in writing to the Secretary at least eight weeks prior to the date of the Meeting, in order that it may be distributed to the Component Societies, the members of the House of Delegates and the Resolutions Committee in ample time prior to the Meeting.

CHAPTER VIII—SECTION 9 OF BY-LAWS

SECTION 9. Resolutions Committee.

The Resolutions Committee shall consist of five members to be appointed annually by the President of the Medical and Chirurgical Faculty, who shall also designate the Chairman of the Resolutions Committee. This Committee shall be chosen from the House of Delegates, and shall be appointed at least 30 days before the Annual Meeting of the House of Delegates.

Any new business involving a question of policy, which has not previously been considered by the Council or the House of Delegates, shall be referred to the Resolutions Committee for consideration, before being acted on by the House of Delegates ANY SUCH NEW BUSINESS SHALL BE PRESENTED IN WRITING TO THE SECRETARY OF THE FACULTY AT LEAST 8 WEEKS PRIOR TO THE ANNUAL OR SEMI-ANNUAL MEETING WHICHEVER HAPPENS TO BE CONCERNED.

ALL PROPOSED RESOLUTIONS SHALL BE REFERRED TO THE RESOLUTIONS COMMITTEE AND THAT COMMITTEE SHALL PRESENT THEM TO THE HOUSE OF DELEGATES WITH ITS RECOMMENDATIONS AS TO APPROVAL, DISAPPROVAL OR RECOMMITTAL TO THE SPONSOR FOR REVISION WITH THE RECOMMENDATIONS OF THE RESOLUTIONS COMMITTEE. IF THE RESOLUTIONS COMMITTEE APPROVES THE PRINCIPLE OF A PROPOSED RESOLUTION BUT NOT THE FORM OF EXPRESSION, IT SHALL HAVE THE AUTHORITY TO SUBMIT TO THE SPONSOR A REVISED RESOLUTION WHICH, IF AGREED TO BY THE SPONSOR, MAY BE PRESENTED TO THE HOUSE OF DELEGATES BY THE RESOLUTIONS COMMITTEE.

THE COUNCIL MAY REFER TO THE RESOLUTIONS COMMITTEE ALL RECOMMENDATIONS THAT SHOULD BE FORMULATED AS RESOLUTIONS BEFORE PRESENTATION TO THE HOUSE OF DELEGATES WITH AN EXPRESSION OF OPINION BY THE COUNCIL AS TO THE POLICY INVOLVED THEREIN.

The Resolutions Committee shall report to the House of Delegates at the time indicated by the Chairman of the House of Delegates.

EXPLANATION: To provide the Professional Conduct Committee with authority to take action upon the cases brought before them and report periodically to the Council of the Faculty.

CHAPTER VIII, SECTION 8 OF BY-LAWS

SECTION 8. *Professional Conduct Committee.*

This Committee shall consist of the five immediate Past Presidents of the Medical and Chirurgical Faculty and the Chairman of the Council with the Senior Past President as Chairman of the Committee. The function of this Committee will be to hear legitimate grievances against members of the Society, examine the facts of the grievances and (make recommendations) REPORT PERIODICALLY as to their disposition to the Council of the Faculty.

EXPLANATION: To designate that the Secretary shall be ex-officio member of all Committees.

CHAPTER VI—SECTION 3 OF BY-LAWS

SECTION 3. *Secretary.*

The Secretary shall attend all the General Meetings of the Faculty and the Meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be ex-officio Secretary of the Council. HE SHALL BE EX-OFFICIO MEMBER OF ALL COMMITTEES. He shall be custodian of all record books and papers belonging to the Faculty, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Faculty which come into his hands. He shall provide for the registration of the members and delegates at all Sessions. He shall, with the cooperation of the Secretaries of the component societies, keep a card-index register of all the legal practitioners of the State by Counties, noting on each his status in relation to his county society, and on request, shall transmit a copy of this list to the American Medical Association. He shall aid the Councilors in the organization and improvement of the County Societies and in the extension of the power and usefulness of this Faculty. He shall conduct the official correspondence notifying members of meetings, officers of their election and Committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates or the Council, and shall make an annual report to the House of Delegates. He shall supply each component society with the necessary blanks for making their annual reports, shall keep an account with the component societies charging against each society its assessment, collect the same, and at once turn it over to the Treasurer. Acting with the Committee on Scientific Work and Arrangements, he shall prepare and issue all programs.

Respectfully submitted,

W. HOUSTON TOULSON, M.D., *Chairman*

E. COWLES ANDRUS, M.D.

CHARLES R. AUSTRIAN, M.D.

DONALD HOOPER, M.D.

W. OLIVER McLANE, JR., M.D.

INTERIM REPORT COMMITTEE TO STUDY ACCREDITATION OF HOSPITALS, RESIDENCIES AND INTERNSHIPS*

Mr. President and Members of the House of Delegates:

The Committee to Study the Accreditation problem in the hospitals was appointed by Dr. George Yeager, President of the Medical and Chirurgical Faculty of Maryland, pursuant to the Resolution adopted by the House of Delegates at its Annual Meeting in April, 1955.

The Committee does not have specific recommendations to present at this time, but desires to report that it has held two meetings and discussed the problem in general and is in the process of studying in detail the difficulties confronting the various hospitals pertaining to accreditation. The Committee feels that the problem is a most vital one which definitely does and will affect patient care in the various hospitals and also feels that considerable study should be given to all phases before coming to any decision as to specific recommendation.

The Committee feels that its study should include a careful scrutiny of the following phases of accreditation:

1. Accreditation of Hospitals
2. Accreditation of Residency Training Programs
3. Accreditation of Intern Training Programs

It has set up subcommittees to review these different phases, and they will report back to the next committee meeting their findings.

There is a great deal of literature to be reviewed on requirements, not only of the Joint Commission on Accreditation of Hospitals, but also of the Council on Education and Hospitals of the A.M.A. and an accurate appraisal of this must be effected before constructive criticism can be formulated. The mechanism as well as the requirements of accreditation must be reviewed, especially in view of the dissatisfaction expressed at the Annual Meeting of the A.M.A. in July, 1955, which resulted in the appointment of a Special Committee to study the whole problem.

The Committee has asked the various hospitals of the State to present to it any problems that they have experienced, and has also asked the other various State medical societies for any expression of opinion and status of study that may have been made by their various organizations. It is hoped that through a cooperative effort of the various State medical societies reasonable and constructive changes may become effective.

IN VIEW OF THE FACT THAT THE HOUSE OF DELEGATES OF THE FACULTY DOES NOT MEET AGAIN UNTIL MAY, 1956, AND THAT THE AFOREMENTIONED SPECIAL COMMITTEE OF THE A.M.A. MUST SUBMIT ITS REPORT TO THE A.M.A. IN JUNE, 1956, YOUR COMMITTEE REQUESTS THAT IT BE AUTHORIZED TO PRESENT ITS FINDINGS, CONCLUSIONS AND RECOMMENDATION, AFTER APPROVAL BY THE COUNCIL OF THE FACULTY, TO THE SPECIAL COMMITTEE, THE JOINT COMMISSION ON

* Originally called "Committee to Study the Problem of Accreditation of Hospitals."

ACCREDITATION OF HOSPITALS, AND THE COUNCIL ON EDUCATION AND HOSPITALS OF THE A.M.A., IN ORDER THAT SAID SPECIAL COMMITTEE MAY CONSIDER THEM BEFORE RENDERING ITS REPORT, AND ALSO IN ORDER THAT THESE THREE BODIES MAY BE FULLY COGNIZANT OF THE SITUATION BEFORE COMING TO ANY CONCLUSION.

Respectfully submitted,
H. E. WILGIS, M.D., *Chairman*
ROBERT L. BAKER, M.D.
OTTO C. BRANTIGAN, M.D.
LEWIS P. GUNDRY, M.D.
HOWARD W. JONES, M.D.
LOUIS KRAUSE, M.D.
WALDO B. MOYERS, M.D.
WILLIAM S. MURPHY, M.D.
STEDMAN W. SMITH, M.D.

RESOLUTIONS COMMITTEE

Mr. President and Members of the House of Delegates:

The Resolutions Committee met on Thursday, September 8, 1955 with Doctors Campbell, Austrian, Firor, and Trescher present.

1. READ RESOLUTION SUBMITTED BY THE MARYLAND SOCIETY OF PATHOLOGISTS, INC.

It is the considered judgment of the Resolutions Committee that the resolution submitted by the Maryland Society of Pathologists, Inc. should be submitted to each component society for action rather than to the House of Delegates of the Medical and Chirurgial Faculty. Chapter 1, Section 2 of the By-Laws of our State Medical Society reads as follows: "The active members of this Faculty shall be the active members of the component Medical Societies". Therefore, the amendment to our Constitution and By-Laws requested in this resolution is not necessary in order to gain the purpose of the resolution.

In other words, a pathologist, in order to become an active member of the Medical and Chirurgial Faculty need only be elected to active membership in his component society. According to Chapter 1, Section 2 of our By-Laws quoted above, he will automatically become an active member of the State Medical Society.

THE RESOLUTIONS COMMITTEE, THEREFORE, MOVES THAT THIS RESOLUTION BE DISAPPROVED.

2. READ CIVIL DEFENSE AND GROUND OBSERVER CORPS RESOLUTION, which is as follows:

WHEREAS, Civil Defense is necessary to minimize the effects of attack on our country in the event of war and is helpful in combating the effects of natural disasters in time of peace, and

WHEREAS, the Ground Observer Corps is a necessary function of Civil Defense in actual operation today as an integral part of our Continental Air Defense and attack warning systems, and

WHEREAS, volunteers must take an important part and accept a tremendous responsibility in Civil Defense today or in the event of attack or natural disasters, and

WHEREAS, we, the members of _____
(name of organization)

realize that as individuals we might be less likely to actively participate in Civil Defense, and

WHEREAS, volunteering to serve Civil Defense through our organization in local communities, we could be a great force to help maintain the peace, therefore

BE IT RESOLVED, that, we, as an organization, and individually, will volunteer to our County or Town Civil Defense Director for the Civil Defense responsibilities, training, assignments and duties that are necessary for our community, our county, our State and our nation.

The resolution as worded binds our membership to volunteer to our County or Town Civil Defense Director. This action is not within the province of our society. The covering letter states that the resolution offered is a "suggestion for a resolution." We, therefore, have changed the wording from, "Be it resolved, that, we, as an organization, and individually will volunteer" to, "Be it resolved, that, we, as an organization approve of our members volunteering."

OUR COMMITTEE MOVES THAT THIS RESOLUTION BE APPROVED AS ALTERED.

3. READ RECOMMENDATION OF THE ADVISORY COMMITTEE TO THE STATE HEALTH DEPARTMENT.

THE RESOLUTIONS COMMITTEE MOVES APPROVAL OF THIS RESOLUTION.

4. READ REPORT OF COMMITTEE TO CONFER WITH BLUE CROSS AND BLUE SHIELD IN REGARD TO RADIOLOGICAL SECTION AND MARYLAND RADIOLOGICAL SOCIETY.

After conferring with the Chairman of this Committee, certain changes were made which clarify the resolution as submitted. These changes are agreeable to the author of the resolution. They are as follows:

PARAGRAPH 1—STRIKE OUT THE WORD "PERMANENT."

THE APPOINTMENT OF A PERMANENT OR STANDING COMMITTEE WOULD REQUIRE A CHANGE IN CHAPTER 8 OF OUR BY-LAWS.

ADD IN PARAGRAPH 1 AFTER THE PHRASE, "THAT A COMMITTEE BE," THE WORDS, "APPOINTED BY THE COUNCIL."

THIS PARAGRAPH WOULD THEN READ "THAT A COMMITTEE BE APPOINTED BY THE COUNCIL TO PURSUE THESE PROBLEMS TO THEIR CONCLUSION."

PARAGRAPH 2—STRIKE OUT THE WORD "MEDICAL."

PARAGRAPH 4—AFTER THE WORD "CANDIDATE," ADD THE WORDS, (BY THE CHAIRMAN OF THE COUNCIL).

THIS PARAGRAPH WOULD THEN READ, "THAT THE APPOINTMENT OF MEMBERS OF THE SOCIETY TO FILL MEDICAL VACANCIES IN THE ABOVE MENTIONED BOARD OF TRUSTEES BE MADE ONLY AFTER AN INVESTIGATION OF THE QUALIFICATIONS OF THE CANDIDATE (BY THE CHAIRMAN OF THE COUNCIL) AND HIS FULL KNOWLEDGE OF AND INTEREST IN THESE CON-

TROVERSIAL PROBLEMS IS KNOWN AND APPROVED."

Respectfully submitted,
 ROBERT V. L. CAMPBELL, M.D., *Chairman*
 CHARLES R. AUSTRIAN, M.D.
 ERNEST I. CORNBROOKS, JR., M.D.
 WHITMER B. FIROR, M.D.
 JOHN H. TRESCHER, M.D.

ADVISORY COMMITTEE TO STATE HEALTH DEPARTMENT

Mr. President and Members of the House of Delegates:

This report covers the period from January 1, 1955, to September 16, 1955, the time of the Semiannual Meeting.

The Committee held only one meeting during the above period, that being August 16, 1955. The meeting was held at the Faculty building. The purpose of this meeting was to consider the facts and information gathered by the previous Committee (of 1954) as to certain activities of the Bureau of Laboratories of the State Health Department. More specifically, these activities concerned the practice of the State Health Department Laboratories rendering clinical laboratory services to patients not included in the Medical Care Program, and who could be classified as private patients, or patients able to attend and pay for private laboratory services. The following members of the Committee were present at the meeting of August 16, 1955: Doctors Everett S. Diggs, Baltimore; Lauriston L. Keown, Baltimore; Bender B. Kneisley, Hagerstown; Robert S. McCeney, Laurel; Gerald W. LeVan, Boonsboro; Charles H. Williams, Pikesville; George H. Yeager, Baltimore.

Also present at the meeting were Mr. Jesse Marden IV, Director, Medical and Chirurgical Faculty of Maryland and Dr. Perry F. Prather, Director-elect of the Maryland State Department of Health.

The present Committee is deeply grateful to Dr. Alan M. Chesney and his committee of 1954 for the very complete survey of the problem.*

The facts and information gathered by them helped greatly for our Committee to better understand the situation and also gave us a basic foundation for discussion. All members freely took part in the consideration of the problem and all members present fully agreed that the clinical laboratory services of the State Department of Health were not intended originally, or later, for use by private patients. After full discussion the following Recommendation to the State Health Department was made by unanimous consent of all members present:

DUE TO THE ILL-USE OF CERTAIN LABORATORY FACILITIES, NAMELY: THE EXAMINATION OF BLOOD AND URINE SPECIMENS FOR CLINICAL PURPOSES, WHEN THERE ARE PRIVATE LABORATORY FACILITIES AVAILABLE FOR DOING THE SAME, THE ADVISORY COMMITTEE TO THE STATE DEPARTMENT OF HEALTH RECOMMENDS

THAT THE STATE HEALTH DEPARTMENT LABORATORY AND ITS BRANCHES ACCEPT ONLY BLOOD AND URINE SPECIMENS, TO BE EXAMINED FOR CLINICAL PURPOSES, FROM THE STATE CLINICS, THE CERTIFIED MEDICALLY INDIGENT, AND ANY SUCH OTHER SPECIMENS AS SHALL BE CERTIFIED BY THE DEPUTY HEALTH OFFICER.

This recommendation will be brought before the House of Delegates at the Semiannual Meeting September 16, 1955, in Ocean City, Maryland; and a motion will be made on the floor for the approval by the House of Delegates of the Recommendation as given above. No other business has been transacted, up to this date, other than that which has been discussed in this report.

Respectfully submitted,
 BENDER B. KNEISLEY, M.D., *Chairman*
 MAURICE C. PINCOFFS, M.D.
 GEORGE H. YEAGER, M.D.
 WILLIAM H. S. WARTHEN, M.D.
 EVERETT S. DIGGS, M.D.
 LAURISTON L. KEOWN, M.D.
 GERALD W. LEVAN, M.D.
 ROBERT S. MCCENEY, M.D.
 CHARLES H. WILLIAMS, M.D.

COMMITTEE TO CONFER WITH BLUE CROSS AND BLUE SHIELD IN REGARD TO RADIOLOGICAL SECTION AND MARYLAND RADIOLOGICAL SOCIETY RESOLUTION OF APRIL 26, 1954*

Mr. President and Members of the House of Delegates:

This Committee has pursued, with considerable vigor, the problems brought to the attention of the President and the House of Delegates by the above resolution. During the past year a number of meetings have been held. These included two formal meetings between the committee and the administrators of Blue Cross and Blue Shield and a number of smaller meetings between individual members and the Executive Director, Mr. R. H. Dabney. The last of these formal meetings was held on March 10, 1955 between the committee and representatives of the Board of Trustees of both Blue Cross and Blue Shield.

In order to properly evaluate the recommendations at the end of this report, the arguments and proposals setting forth the Medical Profession's position in this controversy follow herewith in considerable detail.

The Committee wishes to acknowledge the assistance of Mr. Melvin Sykes, Counsel for the Maryland Radiological Society, for his valuable contributions in collecting and presenting this material.

* See September issue Maryland State Medical Journal, 1955 Transactions.

* Presented to the House of Delegates April 1955 and referred to Component Medical Societies. To be presented again to House of Delegates September 1955.

Since prepaid hospital care and prepaid medical care were organized, the problem of what is to be covered and what is not to be covered, and by whom, has plagued insurance people, hospital boards, and the medical profession. Originally most of the hue and cry was raised by several of the smaller specialty groups—particularly radiologists and pathologists, but more recently they have been joined by others—the internists, the general practitioner, the obstetrical and gynecology groups, and the surgeons, all of whom are beginning to see that certain trends in insurance practices are threatening their professional independence. One group feel they are being slighted as specialists and consultants, another feel they have been slighted in regard to fees, and still another feel that their services are being peddled to the public for profit by lay groups and hospital corporations.

This controversy has smoldered along for years. The files of the Medical and Chirurgical Faculty and the various radiological and pathological sections are crammed with correspondence of all kinds; i.e., requests, proposals, threats, promises, and resolutions and counter resolutions—but nothing has been accomplished. So far as we know, there has not been a single constructive alteration in the insurance program in Maryland aimed at solving any of these medical specialty problems—with the single possible exception of anesthesia—and even that remains grossly out of balance as between Blue Cross and Blue Shield coverage.

Several years ago the American Medical Association began to realize that the laments and complaints of their radiologists and pathologists—that their medical specialty was being dominated, controlled, and, yes, even sold by lay hospital boards and corporations was actually a fact, and they further began to realize that a very definite program was already in the making to take over and control any and all types of hospital medical practice wherever it could be accomplished. To those of you who read the daily papers and magazines, the continuation of this controversy is not news. It is likewise perfectly obvious that it is not diminishing in either scope or intensity. It is true we have had agreement between the American Medical Association and the American Hospital Association on what is a medical service and what is a hospital service. But in a dozen or more states where the matter has been taken to the Attorney General, the opinions handed down without exception have upheld the Medical Practices Act and rendered illegal the domination and control and sale of radiological and pathological medical services by lay hospital boards. Recently, in the States of Colorado and Iowa, the radiologists and pathologists reached the end of their patience, and their disagreement has been taken to the courts. Whatever the outcome the result is confusion and bitterness on both sides and a bad taste in the public's mouth concerning both the medical profession and the hospitals.

However, the Committee wishes to emphasize and make perfectly clear that none of us, radiologists, pathologists, and medical men in general wish to do anything that would jeopardize the functioning of a sound medical and hospital insurance program. We all realize that with the high cost of

medical care it is an absolute necessity in many income brackets. On the other hand, there are admitted inequities and obvious faults in the present Maryland Hospital and Medical Service Plans which result in gross discrimination against the private practitioner of certain specialties, which leave uncovered vital therapeutic and diagnostic procedures for the subscriber to pay for as best he can, and which allow hospital governing boards to buy and sell professional medical services. These shortcomings have been the subject of hundreds of letters, dozens of meetings, and a whole flock of resolutions and promises, but the situation has not improved. We see the same problems being solved in other parts of the country, and the great majority of them have been successful—we would like to see the same effort in Maryland.

In Maryland Blue Cross covers pathology and x-ray diagnosis and Blue Shield covers only anesthesiology. The reasons for the situation in Maryland are largely historical. Blue Cross developed in Maryland many years before Blue Shield and covers about four times as many subscribers as Blue Shield. When the Blue Cross plan was first developed, there was strong pressure to include benefits covering these medical specialties because of their close connection with a patient's hospitalization and because it might have been difficult to sell the Blue Cross plan unless the plan covered some of the more significant expenses connected with hospitalization. If these expenses were to be covered at all they had to be covered in Blue Cross because there was no Blue Shield.

The Blue Cross plan in Maryland, therefore, provided these benefits for a number of years before the Blue Shield medical service plan commenced business late in 1950. Even though the medical care plan has been in existence since that time, we recognize that there are practical difficulties in the way of transferring benefits in these specialties to this plan from Blue Cross. We think these difficulties may perhaps be over-rated, and that one way to sell more Blue Shield subscriptions to Blue Cross members, and provide really comprehensive coverage, might be to take out of Blue Cross what properly belongs in Blue Shield, and to make Blue Shield more worth buying. Be that as it may, however, it is true that the cost of hospital care has been constantly rising; and to reduce Blue Cross coverage while at the same time possibly increasing rates, would involve Blue Cross, at least, in a rather difficult problem of salesmanship. Moreover, the great majority of Blue Cross members do not have Blue Shield protection and would be completely deprived of benefits in these fields if their coverage in Blue Cross were to be transferred to Blue Shield.

For these and other reasons the members of these specialties who were opposed to Blue Cross subsidy of the furnishing of these medical services by hospitals, have failed for some time to make their opposition effective. Recently, however, the situation has been changing. Opinion has been crystallizing among the medical profession, and subsidy of hospital-furnished medical services of any kind is now regarded as a threat to the integrity of the profession. The so-called "full time system" has been extended in some hospitals to include not merely these specialties which have been rather closely connected with hospitals, but also internal medicine, surgery

and obstetrics. The medical profession has come to realize that if the hospitals continue to furnish more and more medical services which are subsidized by the Blue Cross, the result will be the death-knell of the individual private practice of medicine. The American Medical Association and various state societies have therefore adopted resolutions calling for radical steps to halt the present trend, and insisting on the removal of benefits relating to all medical services, including radiology, pathology and anesthesiology, from Blue Cross and their coverage in the Blue Shield plan; and last year the national conference of the Blue Shield plan representatives overwhelmingly passed a resolution to the effect that such coverage should be provided solely in Blue Shield.

In many states the conflict of interests has erupted into the legal forum. In the last five years or so the Attorneys General of more than a dozen states have published opinions holding that a hospital corporation, either profit or non-profit, is in violation of state medical practice laws when it charges and collects a fee from patients for medical services, including radiology, pathology and anesthesiology, performed by a physician employed by it; and the courts throughout the country have generally held to the same effect. It has also been held that it is unethical for a physician to be party to such an arrangement with a hospital and that the State Board of Medical Examiners may revoke the license of physicians who participate.

We have carefully reviewed the Maryland law, including the statutes of the relevant opinions of the Attorney General, and of the Court of Appeals, and find that this state, with immaterial exceptions for charitable services and services by physicians in training, is in accord with a great majority of other states on these points. Where this is the law, a Blue Cross plan which covers the services in question as hospital services would be guilty of aiding and abetting the illegal practice of medicine; and if the matter were pressed, these services would have to be removed from Blue Cross with violent and perhaps disastrous suddenness.

Legal proceedings, however, even though they would probably completely vindicate the position of the medical profession, are not, from anybody's point of view, the most desirable solution. First, it would be unfortunate if the adjustment were to come with such violence that it might seriously harm the present hospital insurance system in this state. Secondly, the bitterness incident to such a solution would contaminate the climate of medical practice and should be avoided at every reasonable cost. Finally, such a radical solution is not necessary if the interested parties attempt to understand each other and are willing to make the mutual compromises necessary for an equitable solution.

It is true that the conflict between the medical profession and the hospitals and, let it be admitted, with Blue Cross insofar as Blue Cross facilitates or perpetuates the furnishing of medical service by hospitals, is both deep and fundamental. This does not mean, however, that it is insoluble or that a working compromise cannot be reached. The accomplishment of this result requires an analysis of the interests of the medical profession, the hospitals, and the insurance plans in the light of the paramount interest of the public. This analysis

will be different for the different types of medical service involved.

First, let us consider x-ray therapy. Benefits for such therapy are not now provided in Maryland by either Blue Cross or Blue Shield. In contrast to the situation in Maryland, almost one-half of the Blue Shield plans have x-ray therapy benefits, and the trend is certainly in that direction. The lack of coverage for x-ray therapy is extremely harmful to the good practice of medicine. Where, as is the case in Maryland, Blue Shield provides coverage for surgery but not for x-ray therapy, there is serious economic pressure on the members of the plan to resort to surgical procedures, although from a strictly medical point of view, x-ray therapy may be the more desirable method of treatment depending on the specific case. Moreover, x-ray therapy may often be done on an ambulatory or out-patient basis, whereas surgery generally requires hospitalization and thus increases the cost and the premiums of the Blue Cross program.

The absence of x-ray therapy from the Blue Shield benefits seems really to be indefensible; and, according to the communications which have been received from the Executive Director of the Blue Cross-Blue Shield plans in Maryland, Blue Shield is contemplating the inclusion of such benefits. The medical profession would welcome such a step. Here is an area, then, where there is agreement in principle. The only problem relates to mechanics, and with a minimum of cooperation it should not be at all difficult to work out. In this connection, however, we wish to make clear that we are strongly opposed to the expansion of Blue Cross to provide for the coverage of x-ray therapy only within the hospitals unless coverage also extends to patients in the private radiologist's office and similar therapy benefits are added to Blue Shield. Otherwise, this would be a gratuitous extension of Blue Cross coverage of medical services for which there would seem to be little justification.

A much more difficult problem is raised by diagnostic x-ray. X-ray diagnosis is now covered (1) where provided in connection with medical or surgical care requiring hospitalization and (2) for a period of twenty-four hours after an accident. The post-accident coverage is provided only to out-patients of hospitals and both types of diagnostic coverage are provided only in Blue Cross.

Limitation of diagnostic x-ray benefits to cases of hospital admissions or to hospital out-patients has several very serious disadvantages. First, it tends to prevent the furnishing of the best medical service. The attending physician should have the widest possible latitude as to his choice of a specialist to whom the patient is to be referred for diagnostic assistance. This latitude is curtailed under the present Blue Cross plan because the patient must be hospitalized in order to obtain diagnostic benefits, and both he and the attending physician must be content with the service of the hospital's radiological department such as it may be.

Secondly, under present conditions, there is a strong temptation to abuse, resulting in a large number of unnecessary hospital admissions primarily for the purpose of x-ray diagnosis, which have increased the expenses of the Blue Cross

plan. It should be a matter of major concern to Blue Cross itself that the plan is being abused by hospitalization for essentially exploratory x-ray and laboratory procedures. When this happens, the plan must bear not only the cost of these radiological and laboratory services, which, strictly speaking, were not intended to be covered, but also there is added to the expense of hospitalization all the other costs incident to the admission and the occupancy of a hospital bed. Moreover, the patient himself must often lose time and money which he would not have to lose if he could be treated on an ambulatory basis.

Thirdly, as a consequence of the concentration of radiological and laboratory services which the operating policy of Blue Cross has helped to build up in the hospitals, hospital facilities are overloaded and the quality of medical practice in the hospitals necessarily suffers. The X-ray Department in a hospital becomes "overhead" which will be spread as thin as necessary to handle the case load which the hospitals have committed themselves to handle, and Blue Cross has committed itself to pay for. The radiologist or pathologist in the hospital may not determine his own case load upon considerations of effective medical practice and in light of the problems of his individual patients, but the department becomes impersonalized. Time is budgeted in terms of the over-all job of handling the requisite number of cases. The decisions in individual cases tend to be influenced more by administrative considerations relating to the department as a whole than by the specific needs of individual patients; and the unnecessary admissions for x-ray diagnosis restrict the number of beds available in real emergencies.

Finally, the worst vice of the present situation is the shocking discrimination which is worked against private practitioners of radiology and pathology. The private practitioner, whether in individual or firm practice, is, of course, the backbone of any profession; and private practice is being seriously harmed as a result of current insurance practices because as the number of persons covered increases, the economic pressure exerted by the plan to obtain x-ray and pathological service from hospitals means a flow of cases out of private offices and into already overburdened hospitals. It is significant that because of this pressure and the large overhead necessary for private radiological practice, about only one newly accredited radiologist enters private practice for every five who accept employment in a hospital, which is the complete reverse of the situation as it existed 20 years ago, before the advent of Blue Cross as a serious factor in the economics of medical practice.

What then can be done? Ultimately, we believe that the profession and the public will insist that coverage in these specialties be taken out of Blue Cross and put into Blue Shield. Already, a start has been made in anesthesiology, which is in both plans. If the total number of persons covered by each of the two plans were nearly equal, there would be nothing unfair or impractical about making this change immediately. However, there is an objection to such a change at the present time which must be conceded to have considerable force. As long as Blue Cross has so many more members than Blue Shield it would be difficult to take away from a great many Blue Cross subscribers a valuable benefit which they have

come to expect and rely upon, when such subscribers would not receive the corresponding benefit from Blue Shield because they are not members of that plan. It is therefore recognized that until the total number of persons covered by the two plans is substantially equal, there are serious practical difficulties in the way of removing diagnostic x-ray and pathology benefits from Blue Cross.

It is suggested, therefore, that a short range solution would be to provide additional coverage for these specialties in the insurance plans for cases handled in the specialist's private office. This will alleviate the discrimination against private radiologists and pathologists and will reduce the overloading of hospital facilities to an extent that may balance and even outweigh the additional costs to Blue Shield for coverage in the physician's office. It would reduce the occupancy of hospital beds solely for diagnostic purposes and free the hospital for more effective service in the more serious cases. It would increase the range of choice of available specialists in any particular case, and it would enable patients who really do not need hospitalization to obtain the necessary medical attention at the expense of the plan without the loss of time and money involved in complete hospitalization.

There is a strong trend in this direction. Last year in the United States and Canada, while twenty-seven Blue Shield plans did not cover diagnostic x-ray, fifty plans did, and of these fifty Blue Shield plans forty-three included benefits for x-rays in the physician's office. We understand that Maryland Blue Cross and Blue Shield have, from time to time, recognized the desirability of coverage in the physician's office and have been called upon to waive the requirements that the subscriber be hospitalized or that the work be done in the hospital.

There are several practical considerations which must be taken into account in working out the mechanics of the extension of radiological and pathological benefits to the physician's office. The first is that Blue Cross is traditionally a service benefit plan; that is, the premium of the members is to cover the full cost of the service furnished by the plan and there is to be no charge to the patient over and above what the plan pays out; and anything less than full service benefits which might be provided by Blue Shield would represent an undesirable feature from the point of view of the plan. This would not be a fatal objection even if the traditional Blue Shield approach of service benefits within specified income groups were adopted for diagnostic x-ray. Even under such an approach, the inclusion of diagnostic x-ray in Blue Shield would represent a desirable step forward; and the dollar limit now in Blue Cross for post-accident x-ray benefits in non-member hospitals and maternity and anesthesia benefits represents a compromise so far as the service benefit principle is concerned. We are sure that a schedule can be worked out which would not involve the insurance plan in any greater expense than the Blue Cross plan now bears for strictly radiological services, independent of other costs of hospitalization.

The second problem is created by the fact that the Blue Cross covers a greater number of people than Blue Shield, and the practical effect of placing in-office coverage solely in Blue

Shield would be to deny such coverage to many Blue Cross subscribers. Obviously there is some necessity for adjustment here. Solutions have been reached in other areas which may be useful in this state. Thus, in Nebraska and Kansas City, Missouri, diagnostic radiology benefits are offered in the Blue Cross contract, either as part of the contract or as a rider; the actual service is provided by Blue Shield and Blue Cross reimburses Blue Shield for its expenses. Blue Cross includes in its total premium an amount sufficient to make this reimbursement. In Michigan, Blue Shield issues a special policy with the desired coverage which is sold as part of the Blue Cross contract. The subscriber pays a single premium to Blue Cross, which is under contract with Blue Shield to reimburse it for the expenses of performance of the special Blue Shield policy.

The most serious problem involved in expanding diagnostic x-ray and pathology to the physician's private office is that presented by the necessity for restricting excessive utilization of office procedures by physicians and patients. This problem does not arise in connection with x-rays within a short period after an accident. The requirement of antecedent trauma is sufficient to prevent an excessive draw on the plan, and x-ray benefits in such cases are now provided for hospital outpatients. There is really no reason why they should not be provided in the radiologist's office, and we understand that the Blue Cross plan is often called upon to make exceptions to its general policy and cover diagnostic post-accident x-ray in the physician's office. We understand that there is agreement in principle that this benefit should be so extended. In this connection, however, we submit that the benefit should be strictly a Blue Shield benefit both in and out of the hospital. To inject the hospital into the field of ambulatory patients is unnecessary and is contrary to the basic idea of Blue Cross as a catastrophic hospitalization plan. The actual benefit provided by present coverage is rather slight and it would be a welcome gesture so far as the medical profession is concerned if, at least in this field, which presents no serious obstacles to the removal of a medical service from Blue Cross to Blue Shield, this removal be accomplished promptly. Such removal would, of course, be reflected in a lower Blue Cross premium, or would at least cut down any necessary increase.

With regard to diagnostic x-ray other than in accident cases, it is clear that unless some restriction is placed upon the types of diagnosis to be insured, diagnostic x-ray and pathology would be completely uninsurable services.

One or more of the following methods have been successfully used to provide the necessary protection to the solvency of the plan. First, the plan may provide for "deductible" coverage, that is the plan could provide for diagnostic x-ray services in excess of X dollars per year. The plan may also provide for a dollar ceiling for any year. The Blue Shield benefit may be offered as a rider instead of as part of the basic policy and given to those who elect to pay the extra premium for it. The policy may restrict coverage to cases where a specified tentative diagnosis has been made by a physician and the patient is referred by this physician to a qualified specialist in radiology or pathology who restricts his practice to that specialty. These so-called "referral" and "qualified specialist" restrictions are

in effect in various places throughout the country and may be combined with a provision that payment will be made only for those examinations which have been reviewed by a committee of medical specialists and found to have been competently done. These possibilities indicate that methods are available for expanding Blue Shield to include diagnosis in the office. While caution is certainly justified, it is the feeling of the medical profession that some steps should be taken toward this goal since any such steps, however cautious, would be steps in the right direction.

The foregoing observations relate to the standard contracts of the insurance plans here in Maryland. The resolution pursuant to which this Committee was created and the Committee itself also addresses itself to the problem of special contracts with large buyers, which the insurance plans have been providing here in Maryland; and the resolution instructs this Committee to undertake negotiations to formulate a plan for complete medical coverage under Blue Shield to be presented to large group insurance buyers. It would seem that in this restricted field the obstacles to accomplishment should be less serious than in the case of the standard contract, and that, in any event, diagnostic x-ray and pathology could be covered under Blue Shield for both hospital and office.

It is obvious, of course, that the suggestions outlined above are not a full answer to the entire problem. There will remain problems of the relationship between the physicians in the specialties affected and the hospitals. These relations are properly handled directly by the hospitals and the physicians who are the parties affected. It should be pointed out, however, that the present practices of the insurance plan are not really neutral, but weight the scales heavily against the private practice of medicine. If the serious inequities in the workings of present Blue Cross and Blue Shield policies are set right, the problems of the relationship between the medical profession and the hospitals will be immeasurably simplified.

The Committee wishes to make the following recommendations:

1. THAT A PERMANENT COMMITTEE BE SET UP TO PURSUE THESE PROBLEMS TO THEIR CONCLUSION.
2. THAT THE MEMBERSHIP OF THE COMMITTEE INCLUDE A FAIR REPRESENTATION OF MEDICAL MEMBERS OF THE SPECIALTY GROUPS MOST VITALLY AFFECTED.
3. THAT THE MARYLAND MEDICAL AND SURGICAL FACULTY REQUEST A SEMI-ANNUAL REPORT FROM THE BOARD OF TRUSTEES OF THE MARYLAND HOSPITAL SERVICE INCORPORATED AND MARYLAND MEDICAL SERVICE INCORPORATED PERTAINING SPECIFICALLY TO THESE PROBLEMS AND WHAT HAS BEEN ACCOMPLISHED TOWARD THEIR SOLUTION. THESE REPORTS ARE TO BE SUBMITTED APPROXIMATELY TWO MONTHS PRIOR TO THE ANNUAL MEETING AND THE SEMI-ANNUAL MEETING AND THAT THESE

REPORTS BE MADE A MATTER OF ROUTINE BUSINESS AT THESE MEETINGS.

4. THAT THE APPOINTMENT OF MEMBERS OF THE SOCIETY TO FILL MEDICAL VACANCIES IN THE ABOVE MENTIONED BOARD OF TRUSTEES BE MADE ONLY AFTER AN INVESTIGATION OF THE QUALIFICATIONS OF THE CANDIDATE AND HIS FULL KNOWLEDGE OF AND INTEREST IN THESE CONTROVERSIAL PROBLEMS IS KNOWN AND APPROVED.

In conclusion the Committee wishes to emphasize again that these difficulties no longer involve only the smaller

specialty groups so closely associated with hospitalization; that is radiology, pathology and anesthesiology, but unless the present trends are reversed all hospital medical practice in all its subdivisions may eventually be dominated, controlled, and sold by hospital corporations and the lay boards.

Respectfully submitted,

EDGAR T. CAMPBELL, M.D., *Chairman*

WEBSTER H. BROWN, M.D.

GEORGE G. FINNEY, M.D.

HENRY L. WOLLENWEBER, M.D.

I. RIVERS HANSON, M.D.

Minor changes were made by the Committee on this page in May 1955.

GOLDEN ANNIVERSARY, SOUTHERN MEDICAL ASSOCIATION

The Southern Medical Association will celebrate its Golden Anniversary with a special program at the Read House, Chattanooga, Tennessee, Tuesday evening and Wednesday forenoon, October 2-3. This will be a historical and inspirational meeting and will not conflict with the regular annual scientific session at Washington, November 12-15.

Dr. W. Raymond McKenzie, a member of the Medical and Chirurgical Faculty, is the President of the Southern Medical Association.

BLOOD COUNCIL LAUNCHING NATIONAL SURVEY OF BLOOD BANKS

AMA Washington Letter 84-82

In preparation for a national blood bank directory, the Joint Blood Council begins a nationwide survey on September 1 of all blood banks. The Council, through its executive vice president, Dr. F. E. Wilson, said the directory will include the following: location and areas served by individual blood banks and hospitals, how each is operated, whether commercial or non-profit, adaptability for expansion in a national emergency, volume of utilization, and relationship of each blood bank to allied services such as tissue banks.

The Blood Council's Board of Directors also approved operation of a bureau of information as a clearing house on progress being made in all aspects of blood banking and blood research.

SPECIAL COURSE—AUSPICES THE AMERICAN COLLEGE OF PHYSICIANS

A course, "Recent Advances in Cardiovascular Diseases," is being held at The Mount Sinai Hospital, New York, October 8th thru 12th, 1956, under the auspices of The American College of Physicians. The co-directors will be Arthur M. Master and Charles K. Friedberg. The fees for members of The American College of Physicians will be \$30.00, non-members \$60.00. Registration should be filed with the Executive Secretary, American College of Physicians, 4200 Pine Street, Philadelphia 4, Pennsylvania.

REPORT OF THE COMMITTEE TO STUDY ACCREDITATION OF HOSPITALS AND RESIDENCY TRAINING PROGRAMS*

REPORT OF THE COMMITTEE TO STUDY ACCREDITATION OF HOSPITALS

1. REVIEW OF POINT SCORING SYSTEM

The Point Scoring System as used in surveying a hospital for accreditation gives a good indication of the relative merits of the various parts of hospital program. The system is seemingly a satisfactory one. It provides a more or less tangible "yardstick" with which each hospital can measure itself.

However, there seems to be a need for re-evaluation of the point values and a method of allowing merit points which, in a sense, might tend to counterbalance penalty values. A change in relative point values is indicated because it is only by proper evaluation of point values that there is a lever or wedge to force improvement in some phase or department of the hospital being neglected, or improperly conducted. Maintaining a total of 1,000 points seems desirable.

The various headings of point value and their reassignments are thus considered:

A—PART I OF SCORING REPORT—ESSENTIAL DIVISIONS

Physical Plant—We feel that it should count for more than 20 points. Obviously good patient care and good medical practice can be carried on with a poor building structure with some degree of hardship. Nevertheless, if one considers the physical plant as a more comprehensive term covering the total physical environment of the patient with all modern aids to facilitate patient care, a plus value should be reflected in the survey. Adequacy for patient care is the major criterion for the evaluation of the plant.

Administration—The administration of a hospital, the governing board, or a superintendent can be a real asset in good medical care and for this reason the point rating should be much higher, probably equaling any one of the clinical services. If the administration is deficient or inadequate there would thus be more incentive to improve it.

Medical Staff Organization—This, of course, is a most important aspect of patient care and medical practice, but it seems the present point value to be rated much too high.

Medical Record Department—This, too, is a most important function. The medical staff affairs and all clinical departments depend upon it. It requires a high point value, but less than the Medical Staff Organization and higher than the clinical services. There might be no change or a reduction in the point value as assigned.

Clinical Laboratory—This division of the hospital should be on a par value with the clinical services such as Surgery, Medicine, Obstetrics (with Gynecology). It seems that all these should have the same point rating. It is also the belief that the nursing service belongs in this category with the same point value.

X-Ray Department—It seems that the value is about correct even after re-evaluation of the point system.

Nursing Service—Of course, this is a most important aspect of patient care, but it should be evaluated at about the same rating as the major clinical services which probably will be a small reduction in the present point value.

Dietary Department—The point value seems to be about correct. A change in over-all evaluation would thus increase it slightly.

B—PART II OF SCORING REPORT—COMPLEMENTARY AND SERVICE DIVISIONS

Medical Department—It seems to be low since this department's value to the hospital is as great as any of the clinical services. Please refer to the discussion under Clinical Laboratory. The point value should be about the same as the rest of the services.

Surgical Department—In view of present day integration with other departments of the hospital the point value seems too high. It is suggested that according to the local organization of departments in various hospitals, a different departmental rating for surgery could be assigned as follows:

FOR LARGER HOSPITALS

In the larger general hospital where full departmentalization is in effect, the Surgical Department would be considered as a unit separate from the Surgical Specialties. In this case, the Surgical Specialties should receive comparable point values.

FOR SMALLER HOSPITALS

In the smaller less specialized hospital where the Surgical Department might well include the Surgical Specialties, a total point value for such a department should be left at a higher value.

* As directed by the House of Delegates, this report was mailed on December 21, 1955, to the members of the House of Delegates and also to the Presidents and Secretaries of the Component Medical Societies of the Medical and Chirurgical Faculty. In January, 1956 it was sent to the American Medical Association, Chiefs of Staffs of General Hospitals in Maryland and to the Directors of the State Medical Association.

The Report is divided into four parts consisting of (1) Review of Point Scoring System; (2) Recommendations for Reinspection and Appeal; (3) Recommended Provisions for Education; and (4) Recommendation for Medical Staff Revision.

Physical Medicine—For the good general hospital it seems that a lower point rating is justified.

Pharmacy—It is a most important aspect of a general hospital and should have a higher point rating. It seems that in most hospitals this department should be graded higher than Physical Medicine and Medical Social Service.

Out-Patient Department—It seems to be evaluated about right.

Medical Social Service Department—For the usual general hospital it seems to have a point rating too high.

Penalty and Merit Provisions—The penalty provisions seem to be justified. However, it seems that if a hospital has an enthusiastic active staff who show great interest and ability, some recognition should be given in the form of merit points. The absence of recognition given to a good active and enthusiastic staff is a basis of complaint against the whole point system, since a hospital can have a poor staff of uninterested doctors and still have a perfect rating. Perhaps even a penalty for a poor staff could be included. There should be some consideration of merit for additional good clinical departments, such as orthopedic, thoracic surgery, neurosurgery, etc.

2. RECOMMENDATIONS FOR REINSPECTION AND APPEAL

If a hospital does not qualify after an inspection there should be a period of one year in which the hospital is given an opportunity to correct its deficiencies before a repeat survey by a different inspector. The hospital should be given specific counts of its deficiencies. If deficiencies are not corrected, of course, accreditation should be withheld.

Moreover, an appeal board or panel should be set up whereby a hospital might have a hearing if it believes it has been evaluated wrongly.

The hospital inspectors should be qualified for their assignment and accurate in their report. Hospital should have the privilege of requesting an immediate reinspection.

3. RECOMMENDED PROVISIONS FOR EDUCATION

We believe that every physician with hospital privileges in an accredited hospital or hospital interested in accreditation, should be thoroughly familiar with the basic requirements of accreditation. It is suggested that every such physician should receive a concise and readable pamphlet outlining these requirements. Furthermore every interested hospital should take active educational measures to instruct their staff on these points. These steps would remove much of the criticism which we feel is due in a great measure to lack of knowledge.

4. RECOMMENDATION FOR MEDICAL STAFF REVISION

The present standards for hospital accreditation outlined by the Joint Commission on Accreditation of Hospitals require attendance at each meeting of at least 75% of the Active Staff *ONLY*. Because of this requirement, it is obvious for practical purposes that a reclassification of Staff membership be instituted.

We suggest that a satisfactory workable classification is as follows:

1. *An Active Staff*—Limited to the small group who take the major responsibilities for teaching supervision and medical administration.
2. *Visiting or Attending Staff*—Those members with full privileges.
3. *Emeritus Staff*—Those members who at a designated age attain this rating without loss of privilege.
4. *Associate and Courtesy Staff*—Those other members with limited privilege in accordance with the By-Laws and Constitution of each individual hospital.

REPORT OF THE COMMITTEE TO STUDY ACCREDITATION OF RESIDENCY TRAINING PROGRAMS

1. The requirements for residency approval are not sufficiently detailed as set forth in current publications to allow a service seeking approval to make proper plans therefor. It is recommended that the various approving bodies rewrite and elaborate the requirements so that there can be little room for doubt as to the specific requirements thereof.

2. Because of the experience of at least two services in the State of Maryland, the various residency approval bodies should insist upon accurate and unequivocal evaluation and reporting so that a service which is denied approval can have confidence in the reasons stated as being in fact responsible for the failure of approval.

3. Because of commitments made several years in advance for training in approved services, the withdrawal of approval works hardships on residents in training. In the event that a residency does not seem to merit continued approval, it is recommended that a warning period be established to provide an opportunity to make alterations in accordance with the stated criticisms of the approving body. Before final withdrawal of approval by the approving body, a re-examination of the residency program should be made preferably by a different examiner. In situations where it is impossible for a previously approved residency to meet the requirements for continued approval, provision should be made for residency credit for residents in training.

4. The various residency approval bodies are urged to clearly establish a practical mechanism whereby residents may be assured of credit for training received on an unapproved service in process of approval.

HERBERT E. WILGIS, M.D., *Chairman*

ROBERT L. BAKER, M.D.

OTTO C. BRANTIGAN, M.D.

LEWIS P. GUNDRY, M.D.

HOWARD W. JONES, M.D.

LOUIS KRAUSE, M.D.

WALDO B. MOYERS, M.D.

WILLIAM S. MURPHY, M.D.

STEDMAN W. SMITH, M.D.

ANNUAL MEETING

GENERAL MEETING

Thursday May 3, 1956

11:00 a.m. Osler Hall, 1211 Cathedral Street

ELECTION OF THE BOARD OF MEDICAL EXAMINERS OF MARYLAND

The election for two new members of the Board of Medical Examiners of Maryland was held at 11:00 a.m., Thursday, May 3, 1956. The meeting was called to order by the President, Dr. William H. F. Warthen. (Dr. Philibert Artigiani, Baltimore, Dr. Walter A. Anderson, Baltimore, Dr. Norman E. Sartorius, Sr., Worcester County and Dr. Hilda Jane Walters, Allegany-Garrett County, were appointed by Dr. Warthen to act as tellers.)

Two nominations were introduced from the House of Delegates which nominated Dr. Samuel McLanahan and Dr. Walter C. Merkel. Nominations were requested from the floor.

There being no additional nominations, it was moved, seconded and unanimously carried, that the following be elected to the Board of Medical Examiners of Maryland: Dr. Samuel McLanahan, Baltimore (1960) and Dr. Walter C. Merkel, Baltimore (1960). The Secretary was asked to cast the ballot.

Business Sessions

ANNUAL MEETING—1956

CHRONOLOGICAL OUTLINE OF BUSINESS SESSIONS

COUNCIL—Friedenwald Room, 1211 Cathedral Street
Wednesday, May 2, 1956, 9:00 a.m.

HOUSE OF DELEGATES—Osler Hall, 1211 Cathedral Street
Wednesday, May 2, 1956, 9:30 a.m.
Friday, May 4, 1956, 9:00 a.m.

Luncheon will be served to the members of the Council, House of Delegates, and Chairmen of Committees at 12:30 p.m., on Wednesday, May 2, 1956 at the Sheraton Belvedere Hotel in conjunction with the Woman's Auxiliary Luncheon.

ELECTION OF BOARD OF MEDICAL EXAMINERS will take place at General Meeting in Osler Hall, Thursday, May 3, 1956, 11:00 a.m.

BUSINESS SESSIONS

COUNCIL

Wednesday, May 2, 1956, 9:00 A.M.

Friedenwald Room, 1211 Cathedral Street, Baltimore

- I. Call to order. **Warfield M. Firor, M.D., Chairman**
- II. Old Business.
- III. New Business.

HOUSE OF DELEGATES

Membership

The House of Delegates is composed of the delegates of the Component Societies and the following:

William H. F. Warthen, *President*

Everett S. Diggs, *Secretary*

Wetherbee Fort, *Treasurer*

George H. Yeager, *Immediate Past President*
President-Elect

Lewis P. Gundry, *Board of Medical Examiners*

Warde B. Allan, *Delegate to the American Medical Association*

Robert van L. Campbell, *Delegate to the American Medical Association*

Louis Krause, *Chairman, Library Committee*

W. Houston Toulson, *Chairman, Committee on Constitution and By-Laws*

The meetings of the House of Delegates are open to all members, but the privileges of the floor are for delegates only. If they so desire, members of the House of Delegates may ask the chairmen of the committees for elucidation of their reports.

Resolutions and recommendations are referred to the Resolutions Committee.

The following is quoted from the Constitution and By-Laws, Chapter VIII, Section 9:

"Any new business involving a question of policy, which has not previously been considered by the Council or the House of Delegates, shall be referred to the Resolutions Committee for consideration, before being acted on by the House of Delegates. Any such new business shall be presented in writing to the Secretary of the Faculty at least 8 weeks prior to the Annual or Semi-Annual Meeting which ever happens to be concerned.

All proposed resolutions shall be referred to the Resolutions Committee and that Committee shall present them to the House of Delegates with its recommendations as to approval, disapproval or recommitment to the sponsor for revision with the recommendations of the Resolutions Committee. If the Resolutions Committee approves the principle of a proposed Resolution but not the form of expression, it shall have the authority to submit to the sponsor a revised resolution which, if agreed to by the sponsor, may be presented to the House of Delegates by the Resolutions Committee.

The Council may refer to the Resolutions Committee all recommendations that should be formulated as Resolutions before presentation to the House of Delegates with an expression of opinion by the Council as to the policy involved therein.

The Resolutions Committee shall report to the House of Delegates at the time indicated by the Chairman of the House of Delegates."

The House of Delegates will meet in Osler Hall, 1211 Cathedral Street, Baltimore.

HOUSE OF DELEGATES

Wednesday, May 2, 1956, 9:30 A.M.

Osler Hall

1211 Cathedral Street

William H. F. Warthen, M.D., *President, Presiding*

- I. Call to order.
- II. * Registration of delegates.
- III. Reports of officers and committees. (The Summary of Reports has been mailed to every member of the House of Delegates.)
 1. Secretary.
 2. Treasurer.
 - a. Finance.
 3. Council.
 4. Delegates to the American Medical Association.
 5. Board of Medical Examiners.
 6. Library Committee and Finney Fund Committee.
 7. Committee on Scientific Work and Arrangements.
 8. Committee to Cooperate with American Medical Education Foundation.
 9. Army Medical Library Committee.
 10. Blood Bank Advisory Committee.
 11. Budget Committee.
 12. Committee on Constitution and By-Laws.
 13. Eugene Fauntleroy Cordell Fund Committee.
 14. Curator.
 15. Committee on Diabetes.
 16. Editor, Maryland State Medical Journal.
 17. Geriatrics Committee.
 18. Committee on Industrial Health.
 19. Legislative Committee.
 20. Maryland Medical Service, Inc., and Maryland Hospital Service, Inc.
 21. Maternal and Child Welfare Committee.
 22. Maryland Advisory Committee to Selective Service.
 23. Joint Committee with the Bar Associations on Medicolegal Problems.
 24. Memoir Committee.
 25. Mental Hygiene Committee.
 26. Committee on National Emergency Medical Service.
 27. New Building Committee.
 - a. Finance Committee.
 - b. Building Plans Committee.
 28. Committee for the Study of Pelvic Cancer.
 29. Physiotherapy Committee.
 30. Professional Conduct Committee.
 31. Committee on Public Instruction.
 32. Committee on Rural Medicine.
 33. Advisory Committee to the State Health Department.
 34. Advisory Committee to the State Accident Fund.
 35. Tuberculosis Committee.
 36. Committee on Veterans' Medical Care.
 37. Advisory Committee to the Woman's Auxiliary.

* All delegates are urged to register so that an accurate record of attendance may be included in the Minutes of the House of Delegates for the Transactions.

- *38. Committee to Study Problem of Accreditation of Hospitals.
- *39. Committee to Confer with Blue Cross and Blue Shield in Regard to Radiological Section Resolution.
- *40. Committee for Better Distribution of Doctors Throughout the State.
- *41. Essay Contest Committee.
- *42. Committee to Study Licensure of Homeopathic Physicians by Homeopathic Board.
- *43. Committee to Cooperate with Board of Medical Examiners in Re-writing the Medical Practice Act.
- *44. Committee to Study Liaison Between the Medical Profession and Maryland General Assembly.
- *45. Committee to Study Problems of Mutual Interest to Medical and Chirurgical Faculty and Maryland Pharmaceutical Association.
- *46. Medical Advisory Committee to the State Department of Health in Reference to Polio Vaccine Immunization Project.
- *47. Fact-Finding Committee to Investigate Post-graduate Education.
- *48. Committee to Study Availability of Prepayment Insurance in Rural Areas.
- *49. Committee to Consider the Relationship between Hospital and Specialties and the Manner of Payment for Professional Services.
- *50. Committee to Study Revision of the Present Schedule of Medical and Surgical Fees of the State Industrial Accident Commission.
- *51. Committee to Make Survey of Committees.

IV. Report of Nominating Committee.

Nominations of officers, councilors, delegates to American Medical Association, and committees; and recommendation to General Meeting for the Board of Medical Examiners. (See "Nominations," page vii.)

HOUSE OF DELEGATES

Friday, May 4, 1956, 9:00 A.M.

Osler Hall

1211 Cathedral Street

William H. F. Warthen, M.D., *President, Presiding*

- I. Call to order.
- II. Registration of delegates.
- III. Election of Officers.
- IV. Committee on Constitution and By-Laws.
- V. Resolutions Committee.
- VI. Unfinished business.
- VII. New business.

ELECTION OF THE BOARD OF MEDICAL EXAMINERS

Thursday, May 3, 1956, 11:00 A.M.

General Meeting, Osler Hall

1211 Cathedral Street

* Committees appointed to make special studies.

ANNUAL MEETING¹

HOUSE OF DELEGATES

*Osler Hall, Medical and Chirurgical Faculty Building,
1211 Cathedral Street, Baltimore*

MINUTES OF THE 217th MEETING²

Wednesday, May 2, 1956

The 217th meeting of the House of Delegates was opened by Dr. George H. Yeager, the immediate Past President. Dr. Yeager presented a gavel to Dr. William H. F. Warthen, President. Dr. Warthen thanked Dr. Yeager for the honor of having been presented with a gavel, and promised to maintain the high standard set by his predecessors.

Dr. Warthen then officially opened the 217th meeting of the House of Delegates of the Medical and Chirurgical Faculty, on Wednesday, May 2, 1956, at 9:30 a.m., Osler Hall, 1211 Cathedral Street, Baltimore, Md.

The following members were present: Doctors Robert C. Abrams, Baltimore; Warde B. Allan, Baltimore; Walter A. Anderson, Baltimore; S. Ralph Andrews, Cecil County; Philibert Artigiani, Baltimore; John B. Ball, Montgomery County; Jacob W. Bird, Montgomery County; Helen Bowie, Baltimore; M. McKendree Boyer, Montgomery County; Leo Brady, Baltimore; A. Talbot Brice, Frederick County; Howard M. Bubert, Baltimore; Walter B. Buck, Baltimore; Read N. Calvert, Montgomery County; Robert van L. Campbell, Washington County; Thomas A. Christensen, Prince George's County; E. I. Cornbrooks, Jr., Baltimore; George C. Coulbourn, Somerset County; Melvin B. Davis, Baltimore County; Everett S. Diggs, Baltimore; John J. Dobbie, Washington County; Edward J. Edelen, Charles County; Wolcott L. Etienne, Prince George's County; Robert W. Farr, Kent County; Warfield M. Firor, Baltimore; Whitmer B. Firor, Baltimore; Wetherbee Fort, Baltimore; Palmer H. Futcher, Baltimore; David J. Gilmore, Wicomico County; William E. Gilmore, Baltimore; Albert E. Goldstein, Baltimore; Lewis P. Gundry, Baltimore; Jacob C. Handelsman, Baltimore; Frank T. Harrat, Allegany-Garrett County; Thurston Harrison, Talbot County; I. Bradshaw Higgins, Baltimore; Ralph G. Hills, Baltimore; J. Ralph Horkey, Harford County; Clewell Howell, Baltimore County;

Irvin G. Hoyt, Queen Anne's County; Louis Krause, Baltimore; R. Donald Jandorf, Baltimore; Page C. Jett, Calvert County; Robert W. Johnson, III, Baltimore; Julian S. Lane, St. Mary's County; Gerald W. LeVan, Washington County; H. J. L. Marriott, Baltimore; Robert E. Mason, Baltimore; W. O. McLane, Allegany-Garrett County; Randall McLaughlin, Anne Arundel County; Ross L. McLean, Baltimore; George Allen Moulton, Carroll County; Karl F. Mech, Baltimore; Frederick A. Miller, Dorchester County; Samuel Morrison, Baltimore; Waldo B. Moyers, Prince George's County; Nathan E. Needle, Baltimore; Charles F. O'Donnell, Baltimore County; S. T. R. Revell, Jr., Baltimore; Norman E. Sartorius, Sr., Worcester County; Norman E. Sartorius, Jr., Worcester County; Louis R. Schoolman, Frederick County; E. Roderick Shipley, Baltimore; Theodore R. Shrop, Howard County; Martin L. Singewald, Baltimore; Stedman W. Smith, Wicomico County; W. Glenn Speicher, Carroll County; Douglas H. Stone, Baltimore; J. Frank Supplee, III, Baltimore; W. Houston Toulson, Baltimore; John H. Trescher, Baltimore; Hilda Jane Walters, Allegany-Garrett County; William H. F. Warthen, Baltimore County; Charles H. Williams, Baltimore County; Charles H. Winnacott, Caroline County; George H. Yeager, Baltimore; John D. Young, Baltimore; Marius P. Johnson, Baltimore (PARLIAMENTARIAN)

ANNOUNCEMENTS

Dr. Warthen made the announcements regarding registration, privileges of the floor, and the material circulated in the folders for the use of the delegates.

PARLIAMENTARIAN APPOINTED

Dr. Warthen announced that the Chairman of the Council has appointed a parliamentarian for this Annual Meeting. He read from Robert's Rules of Order, the duties of a parliamentarian and welcomed Dr. Marius P. Johnson as the appointee by the Chairman of the Council.

TELLERS FOR BOARD OF MEDICAL EXAMINERS ELECTION

The President appointed the following to act as tellers for the Board of Medical Examiners election which takes place on Thursday, May 3rd: Doctors Philibert Artigiani, Baltimore, Walter A. Anderson, Baltimore, Norman E. Sartorius, Sr., Worcester County, and Hilda Jane Walters, Allegany-Garrett County.

MINUTES OF PREVIOUS MEETING

Motion—adopted.

ON MOTION BY DR. A. E. GOLDSTEIN, SECONDED BY DR. WETHERBEE FORT, THE MINUTES OF THE HOUSE OF

¹ Presidential Address and Lectureships except the address in this Journal, delivered at the Scientific Sessions published in August 1956 MARYLAND STATE MEDICAL JOURNAL.

² Key for minutes:

Subject headings in minutes are printed in 8 pt. bold faced caps.

Motions which are adopted are printed in "caps" and "small caps."

Report headings are printed in 10 pt. bold faced type. Amendments to Constitution and By-Laws are printed in "caps."

Recommendations and Resolutions are printed in italics. Action of Resolutions Committee is printed in cap italics.

MAPS

THE WORLD
THE LAD AND GIRLS PROJECT



ACHRON





ACHROMYCIN^{*}

Tetracycline Lederle

in the treatment of

respiratory infections

January and his associates¹ have written on the use of tetracycline (ACHROMYCIN) to treat 118 patients having various infections, most of them respiratory, including acute pharyngitis and tonsillitis, otitis media, sinusitis, acute and chronic bronchitis, asthmatic bronchitis, bronchiectasis, bronchial pneumonia, and lobar pneumonia. Response was judged good or satisfactory in more than 84% of the total cases.

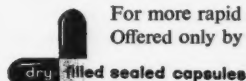
Each month there are more and more reports like this in the literature, documenting the great worth and versatility of ACHROMYCIN. This antibiotic is unsurpassed in range of effectiveness. It provides rapid penetration, prompt control. Side effects, if any, are usually negligible.

No matter what your field or specialty, ACHROMYCIN can be of service to you. For your convenience and the patient's comfort, Lederle offers a *full* line of dosage forms, including

ACHROMYCIN SF

ACHROMYCIN with STRESS FORMULA VITAMINS. Attacks the infection—defends the patient—hastens normal recovery. For severe or prolonged illness. Stress formula as suggested by the National Research Council. Offered in Capsules of 250 mg. and in an Oral Suspension, 125 mg. per 5 cc. teaspoonful.

For more rapid and complete absorption.
Offered only by Lederle!



¹January, H. L. et al: Clinical experience with tetracycline. *Antibiotics Annual* 1954-55, p. 625.



LEDERLE LABORATORIES DIVISION
AMERICAN CYANAMID COMPANY
PEARL RIVER, NEW YORK

REG. U. S. PAT. OFF.

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DELEGATES FOR THE SEMI-ANNUAL MEETING, FRIDAY, SEPTEMBER 16, 1955, WERE APPROVED AS CIRCULATED.

REPORTS OF COMMITTEES

Motion—adopted.

ON MOTION BY DR. W. H. TOULSON, SECONDED BY DR. WHITMER B. FIROR, THE REPORTS NOT CARRYING RECOMMENDATIONS WERE APPROVED AS SUBMITTED IN THE SUMMARY. THE FOLLOWING ARE THE REPORTS WHICH WERE INVOLVED:

Secretary

Delegates to the American Medical Association

Board of Medical Examiners

Library Committee and Finney Fund Committee

Committee on Scientific Work and Arrangements
Committee to Cooperate with American Medical Education Foundation

Blood Bank Advisory Committee

Budget Committee (also included in Report of Treasurer)

Eugene Fauntleroy Cordell Fund Committee

Curator

Committee on Diabetes

Editor, Maryland State Medical Journal

Geriatrics Committee

Committee on Industrial Health

Legislative Committee

Maryland Medical Service, Inc.

Maryland Medical Service, Inc. and Maryland Hospital Service, Inc.

Maternal and Child Welfare Committee

Maryland Advisory Committee to Selective Service

Joint Committee with the Bar Associations on Medical-legal Problems

Memoir Committee

Mental Hygiene Committee

Committee on National Emergency Medical Service

New Building Committee—a. Finance; b. Building Plans

Committee for the Study of Pelvic Cancer

Physiotherapy Committee

Advisory Committee to the State Accident Fund

Essay Contest Committee

Committee to Study Licensure of Homeopathic Physicians by Homeopathic Board

Committee to Study Liaison Between the Medical Profession and Maryland General Assembly

Committee to Study Problems of Mutual Interest to Medical and Chirurgical Faculty and Maryland Pharmaceutical Association

Medical Advisory Committee to the State Department of Health in Reference to Polio Vaccine Immunization Project

Fact-Finding Committee to Investigate Postgraduate Education

Committee to Consider the Relationship Between Hospital and Specialties and the Manner of Payment for Professional Services

Committee to Study Revision of the Present Schedule of Medical and Surgical Fees of the State Industrial Accident Commission

Constitution and By-Laws Committee. At the request of Dr. Warthen, Dr. W. H. Toulson, Chairman, reported for the Committee on Constitution and By-Laws the following changes (for final action, see 218th Meeting, May 4, pages 1, 2, 3).

BY-LAWS

(Amendments are indicated by CAPITAL LETTERS and PARENTHESES are for deletions.)

Explanation for Chapter I, Section 6.

In order that Associate Members as well as Active Members may obtain non-resident membership status when they leave the State of Maryland, *our Committee recommends that the word "Active" be deleted from Chapter I, Section 6.*

CHAPTER I—MEMBERSHIP

SECTION 6. *Non-resident Members.*

Nonresident Members shall be such (Active) members as have removed from the State and wish to retain their affiliation with the Faculty of Maryland.

Explanation for Chapter VI, Section 5, and Chapter VIII, Section 7.

As the Treasurer has always served as the Chairman of the Finance Committee and as this body is now designated in the By-Laws, the Council suggested that the necessary inclusions be made and our Committee agreed. *The Committee on Constitution and By-Laws recommends that the Chairman of the Finance Committee be the Treasurer and these two sections of the By-Laws will read as follows:*

CHAPTER VI—DUTIES OF OFFICERS

SECTION 5. *Treasurer.*

The Treasurer shall BE THE CHAIRMAN OF THE FINANCE COMMITTEE. HE SHALL give bond in the sum to be fixed by the Council, the premium on which shall be paid by the Faculty. He shall demand and receive all funds due the Faculty, together with the bequests and donations. He shall pay money out of the Treasury only as directed by the House of Delegates or the Council. He shall subject his accounts to such examination as the House of Delegates may order, and he shall render yearly to the House of Delegates an account of his activities and of the state of the funds in his hands. He shall pay the vouchers of the Library Committee not to exceed the amount of the annual appropriation made by the House of Delegates for the support of the Library.

CHAPTER VIII—STANDING COMMITTEES

SECTION 7. *Finance Committee.*

It shall be the duty of the Finance Committee to act as such for the House of Delegates and FOR the Council. It shall consist of five members, namely, the Chairman of the Council, the Treasurer, WHO SHALL ALSO BE THE CHAIRMAN OF THE COMMITTEE, the Secretary, and two members of the Faculty appointed by the Chairman of the Council. The Finance Committee shall cooperate with the Budget Committee in the preparation of the annual budget for the Faculty.

Explanation for Chapter VII, Section 6 (a).

The request for an omission of the last phrase of this section is as a result of a suggestion by Mr. G. C. A. Anderson, our legal counsel, and the Council has requested our Committee to implement it. *Therefore, the Committee on Constitution and By-Laws recommends the deletion of the following:*

CHAPTER VII—THE COUNCIL**SECTION 6. Conditions:**

(a). Any member desiring to avail himself of the provisions of this section shall, as soon as possible after any demand has been made upon him or any suit instituted against him, present to the Council his request for defense and, together therewith, a full and complete history of the case, the services rendered and his further connection with or relationship to the plaintiff; and if the Council decides that his grounds of defense are valid, he shall vest in the Council authority to assist in the defense of said claim or suit (and agree to make no compromise or settlement of the matter without the consent of the Council given in writing and signed by its proper officers.)

Explanation for Chapter VIII, Section 9.

The Committee would like to suggest revising the words relating to the Resolutions Committee. This does not change thought or meaning, but we think improves the English, and *therefore the Committee recommends that this section be written as follows:*

CHAPTER VIII—STANDING COMMITTEES**SECTION 9. Resolutions Committee.**

The Resolutions Committee shall consist of five members to be appointed annually by the President of the Medical and Chirurgical Faculty, who shall also designate the Chairman of the Resolutions Committee. This Committee shall be chosen from the House of Delegates, and shall be appointed at least 30 days before the Annual Meeting of the House of Delegates.

Any new business involving a question of policy, which has not previously been considered by the Council or the House of Delegates, shall be referred to the Resolutions Committee for consideration, before being acted on by the House of Delegates. Any such new business shall be presented in writing to the Secretary of the Faculty at least eight (8) weeks prior to the Annual or Semiannual Meeting whichever happens to be concerned.

All proposed resolutions shall be referred to the Resolutions Committee WHICH Committee shall present them to the House of Delegates with its recommendations (as to) FOR approval, disapproval or FOR recommitment to the sponsor for revision with the recommendations of the Resolutions Committee. If the Resolutions Committee approves the principle of a proposed resolution but not the form of ITS expression, it shall have the authority to submit to the sponsor a (revised) REVISION (resolution) which, if ACCEPTABLE TO THE SPONSOR (agreed to by the sponsor), may be presented to the House of Delegates by the Resolutions Committee.

The Council may refer to the Resolutions Committee all

recommendations that should be formulated as resolutions before presentation to the House of Delegates with an expression of opinion by the Council as to the policy involved therein.

WHEN REQUESTED BY THE PRESIDING OFFICER OF THE HOUSE OF DELEGATES, the Resolutions Committee shall report to the House of Delegates (at the time indicated by the Chairman of the House of Delegates.)

Motion on report of Committee—adopted.

ON MOTION OF DR. LEO BRADY, SECONDED BY DR. E. I. CORNBROOKS, IT WAS MOVED THAT THE REPORT BE APPROVED AND THAT IT LAY ON THE TABLE UNTIL THE NEXT MEETING OF THE HOUSE OF DELEGATES FOR FINAL ACTION. (SEE PAGES OF 218TH MEETING.) THE MOTION WAS CARRIED.

DISCHARGE OF COMMITTEES

Army Medical Library Committee. The request of the Army Medical Library Committee that it be discharged and its activities assumed by the Library Committee were presented and discussed. Dr. Nathan Needle moved that the Chairman of the Army Medical Library Committee be made a member of the Library Committee. The Secretary explained to Dr. Needle that Dr. Guyther, in his own right, had been elected by this body last year as a member of the Library Committee. Dr. Needle withdrew this part of the motion.

Motion—adopted.

IT WAS MOVED, SECONDED, AND CARRIED THAT THE ARMY MEDICAL LIBRARY COMMITTEE BE DISCHARGED AND ITS ACTIVITIES ASSUMED BY THE LIBRARY COMMITTEE.

Committee to Study the Problem of Accreditation of Hospitals. Dr. Herbert Wilgis, Chairman, reported that in his opinion the Committee's work was finished and suggested that it be discharged unless the House of Delegates felt it should be continued until final action was carried out by the National Accrediting bodies.

Motion—adopted.

AFTER SOME DISCUSSION, IT WAS MOVED BY DR. LEO BRADY, SECONDED BY DR. GOLDSTEIN, THAT THE COMMITTEE BE CONTINUED. THIS WAS DULY SECONDED AND CARRIED.

Committee to Confer with Blue Cross and Blue Shield in Regard to Radiological Section and Maryland Radiological Society Resolution of April 26, 1954. Dr. Webster Brown, a member of this Committee, explained that the Committee had served its purpose and in its report had recommended that a new Committee be appointed to implement the Resolution of the Committee.

Motion—adopted.

DR. FORT MOVED THAT THE COMMITTEE BE DISCHARGED, AND THIS WAS DULY SECONDED AND CARRIED.

Committee to Cooperate with the Board of Medical Examiners in Rewriting the Medical Practice Act. The Committee recommended that since our Legislative Committee works closely with the Board of Medical Examiners concerning this type of legislation, there is no need for this special Committee and requests that it be discharged.

Motion—adopted.

DR. WARFIELD M. FIROR MOVED THAT THE COMMITTEE BE DISCHARGED, SECONDED BY DR. WHITMER B. FIROR, AND CARRIED.

Committee to Study Availability of Prepayment Insurance in Rural Areas. The recommendation of this Committee, that it be discharged or amalgamated with some other Committee, was presented to the House of Delegates. *Motion—adopted.*

IT WAS MOVED BY DR. FORT, SECONDED BY DR. CORNBROOKS, THAT THE COMMITTEE BE DISCHARGED. THE MOTION WAS CARRIED.

Advisory Committee to the State Health Department. The Committee to Make a Survey of Committees stated that this Committee had originally recommended that the Advisory Committee to the State Health Department be discharged, and had transmitted this recommendation in the Summary of Reports to the House of Delegates. The Secretary, who is the Chairman of the Committee to Make a Survey of Committees, informed the House of Delegates that since that recommendation had been made there had been a meeting of the Advisory Committee to the State Health Department, and, for what seemed to be valid reasons, the discharge of the Committee was not desirable. All the members of the Committee to Make a Survey of Committees had been contacted and it was unanimously agreed that the recommendation of that Committee be withdrawn.

Dr. Archie Cohen, who had acted as Secretary to the Advisory Committee to the State Health Department meeting on April 13th, presented the recommendations which emanated from that Committee, which are as follows:

1. **THE COMMITTEE THEN AUTHORIZED DR. CHARLES F. O'DONNELL, A MEMBER OF THIS COMMITTEE, AND ALSO HAVING THE PRIVILEGE OF THE FLOOR AT THE HOUSE OF DELEGATES AS A DELEGATE, TO MOVE FROM THE FLOOR OF THE HOUSE OF DELEGATES, THAT THIS COMMITTEE BE CONTINUED, RATHER THAN TO ACCEPT THE REPORT OF THE COMMITTEE TO MAKE A SURVEY OF COMMITTEES THAT THIS COMMITTEE BE ABOLISHED, AND FURTHER ADD THAT THIS COMMITTEE BE AUTHORIZED TO MEET ON THE CALL OF THE PRESIDENT OF THE MEDICAL AND SURGICAL FACULTY, OR THE CHAIRMAN OF THE COMMITTEE, OR AT THE REQUEST OF THE STATE DEPARTMENT OF HEALTH.**
2. **THAT THE NAME OF THIS COMMITTEE BE CHANGED TO READ: A COMMITTEE TO CONSULT WITH THE STATE DEPARTMENT OF HEALTH.**
3. **THAT THE STATE HEALTH DEPARTMENT BE REQUESTED, THROUGH APPROPRIATE CHANNELS, TO PROMPTLY DISSEMINATE CHANGES IN PROCEDURE OR POLICY OF INTEREST TO PHYSICIANS TO ALL PHYSICIANS IN THE STATE OF MARYLAND.**
4. **IT IS RECOMMENDED THAT HEALTH OFFICERS IN MARYLAND REFRAIN FROM PUBLIC STATEMENTS THAT POLIOMYELITIS VACCINE IS**

AVAILABLE IN HEALTH DEPARTMENT CLINICS UNTIL SUCH A TIME AS WHEN SUFFICIENT VACCINE IS AVAILABLE TO THE PRIVATE PHYSICIANS.

Motion—adopted.

AS DR. COHEN DID NOT HAVE THE PRIVILEGES OF THE FLOOR DR. GOLDSTEIN MOVED, SECONDED BY DR. CORNBROOKS, THAT DR. COHEN BE GIVEN THE PRIVILEGES OF THE FLOOR. MOTION CARRIED.

Dr. Cohen moved that the recommendations of the Committee be accepted. However, the President ruled that while Dr. Cohen had the privileges of the floor, he did not have the privilege of making a motion.

Motion—adopted.

DR. CHARLES F. O'DONNELL, THEREFORE, MOVED THAT THE RECOMMENDATIONS OF THE ADVISORY COMMITTEE TO THE STATE HEALTH DEPARTMENT BE ACCEPTED. THIS MOTION WAS SECONDED BY DR. SCHOOLMAN.

Motion—adopted.

DR. J. W. BIRD ASKED FOR THE PRIVILEGE OF THE FLOOR, AND POINTED OUT THE IMPORTANCE OF THIS COMMITTEE TO ADVISE THE STATE HEALTH DEPARTMENT, AND MOVED THAT MR. KIRKMAN BE GIVEN THE PRIVILEGE OF THE FLOOR TO DISCUSS THESE RECOMMENDATIONS. THIS MOTION WAS SECONDED BY DR. PAGE JETT, AND THE MOTION WAS CARRIED.

Mr. Kirkman reviewed the development of the Advisory Committee to the State Health Department and pointed out the work which this Committee has done in resolving the differences in attitudes between the private practitioner of medicine and the Public Health Officers. He stated that he felt the Committee can perform a continuing helpful function.

Dr. Schoolman inquired as to the necessity of Recommendation #4 as it concerns poliomyelitis vaccine distribution.

Dr. O'Donnell stated that the physicians were telling their patients that the vaccine was in short supply and frequently had to tell the patients that none was available, while television and radio announcements stated repeatedly that patients could get all they wanted if they would go to the Health Department Clinics. This puts the private physician in a bad position, when he cannot obtain the vaccine, and yet the Health Department seems to have any amount it wants.

Motion—adopted.

THE MOTION TO APPROVE THE RECOMMENDATIONS OF THE COMMITTEE TO ADVISE THE STATE DEPARTMENT OF HEALTH WAS CARRIED.

Treasurer's Report. (Includes report for Budget and Finance Committees.) The Treasurer's Report was presented to the House of Delegates by the Treasurer, Dr. Wetherbee Fort. The Budget Committee met on March 5, 1956, at which time the Committee learned of the increases in expenditure of Faculty funds necessary to maintain Faculty functions. This Committee was unable to offer concrete suggestions for reducing expenses, but met with the Finance Committee on March 22nd at which time the combined Committees went over the budget very carefully in an attempt to reduce what would amount to a deficit of \$29,000, between the anticipated income and the anticipated expenses.

The result of this effort was a reduction of the probable

deficit from \$29,000. to \$15,000. This information was presented to the Council, and the Treasurer asked and received Council approval for the Faculty to continue to operate on a budget kept within the estimated 1956 current income.

Dr. Fort stated that there are four major items that must be considered in the budget to arrive at realistic figures.

1. Salaries. Our salary scale is well under the competitive salaries which are offered elsewhere. With the work load all of our Staff are underpaid.
2. The Library.
3. The Journal.
4. Fringe benefits.

The Treasurer has suggested to the Chairman of the Council that a Planning Committee be appointed to study the whole picture. Every responsible person has tried to come up with an idea as to how to meet the deficit brought about by this necessary increase in the budget, but it seems that there is nothing possible other than increasing the dues or levying an assessment of \$15.00 per man for the year 1956 as recommended by the Council. There was discussion by Dr. Winnacott and the Secretary concerning the membership of the Faculty and the number of members who have not paid the Building Fund Assessment. The late figures indicate that less than 300 active full dues-paying members of the entire State Medical Society have not paid their assessment. (This excludes those in special dues-paying categories.) Further discussion by Dr. Brady, Dr. Goldstein, and Dr. Diggs concerned the number of physicians practicing in the State who were not members of the Society. No definite figure is available to clarify this picture.

Dr. Warfield M. Firor summarized the present situation by stating that the Council has given very serious consideration to the finances of the Faculty. It is perfectly clear that either we must curtail our activity or increase our income. Such a decision should not be made without careful study, a very careful rethinking of all the activity, the purpose and the function of this organization, and until this is done there cannot be a balanced budget. Consequently the Council felt that as a stop-gap it will ask the delegates to vote an assessment of \$15.00 per member of this year, and that the Council authorized the appointment of a Committee to rethink and replan our entire structure.

Considerable discussion concerning the proposed assessment took place by many members of the House of Delegates.

Motion—not adopted.

Dr. Goldstein moved that the Medical and Chirurgical Faculty assess each member \$15.00 for the coming year. This was not seconded.

Motion—not adopted.

As the result of further discussion Dr. Goldstein moved that we accept the report of the Treasurer and approve the recommendation that there be an assessment of \$15.00 for all active members for the current year. Seconded by Dr. Whitmer Firor.

In the discussion which followed, it was pointed out that some consideration should be given to the differential between counties and the City as it is with the dues, that preliminary notice and adequate discussion by the Components should be carried out before such a request is made to the House of

Delegates, and that members of the House Staffs should be excluded from the assessment. Dr. Brady moved that Dr. Goldstein's motion be tabled and then withdrew his tabling motion.

Motion—and adoption of Treasurer's Report.

DR. GOLDSTEIN THEN WITHDREW HIS ORIGINAL MOTION AND MOVED THAT WE ACCEPT THE TREASURER'S REPORT WITHOUT THE RECOMMENDATION OF THE ASSESSMENT. THIS WAS SECONDED BY DR. THOMAS CHRISTENSEN AND UNANIMOUSLY CARRIED.

Motion—adopted on Assessment.

DR. GOLDSTEIN MOVED THAT THE DECISION REGARDING ASSESSMENTS BE DEFERRED UNTIL THE SEMI-ANNUAL MEETING, OR A SPECIALLY CALLED MEETING OF THE HOUSE OF DELEGATES. SECONDED BY DR. MOYERS AND CARRIED.

Nominating Committee. Dr. Warthen announced that in conformity with the By-Laws the Nominating Committee must report at this meeting and called on the Chairman, Dr. A. Austin Pearre. Dr. Pearre announced that he had taken the liberty to request Dr. A. R. Koontz, a member of the Nominating Committee, to present the report. Dr. Koontz read the following slate:

President

C. REID EDWARDS, Baltimore

Vice-Presidents

JAMES T. MARSH, Westminster

A. C. DICK, Chestertown

RICHARD W. TELINDE, Baltimore

Secretary

EVERETT S. DIGGS, Baltimore

Treasurer

WETHERBEE FORT, Baltimore

Councillors

E. W. DITTO, JR., Hagerstown (1959)

LESLIE E. DAUGHERTY, Cumberland (1959)

ARTHUR TALBOTT BRICE, Jefferson (1959)

GEORGE H. YEAGER, Baltimore (1959)

Delegate to American Medical Association

WARDE B. ALLAN, Baltimore (1957-1958)

Alternate Delegate to American Medical Association

H. HANFORD HOPKINS, Baltimore (1957-1958)

(Also for the remainder of 1956 to fill unexpired term of Louis H. Douglass)

Committee on Scientific Work and Arrangements

EDMOND J. McDONNELL, Chairman, Baltimore (1957)

NORMAN RANDOLPH FREEMAN, JR., Baltimore (1958)

NATHAN E. NEEDLE, Baltimore (1959)

WILLIAM EDWIN GROSE, Baltimore (1960)

Library Committee

A. AUSTIN PEARRE, Frederick (1961)
(Nominated by the Nominating Committee with Dr. Pearre abstaining.)

Finney Fund Committee

JOHN W. CHAMBERS, Baltimore (1961)

Board of Medical Examiners

SAMUEL McLANAHAN, Baltimore (1960)
WALTER C. MERKEL, Baltimore (1960)

Nominating Committee

A. AUSTIN PEARRE, *Chairman*, Frederick
BENDER B. KNEISLEY, Hagerstown
AMOS R. KOONTZ, Baltimore
MAURICE C. PINCOFFS, Baltimore
HAROLD B. PLUMMER, Preston

Dr. Koontz explained that Dr. Pearre's term of office on the Library Committee expires this year and he did not wish to have his name placed on the slate as it would appear as though he were nominating himself. The other members of the Nominating Committee insisted that he accept renomination, that he was needed on the Library Committee and would not let Dr. Pearre decline.

There were no nominations from the floor.

Motion—adopted.

DR. GOLDSTEIN MOVED THAT THE NOMINATIONS AS READ BE ACCEPTED. SECONDED BY DR. FORT. THE MOTION WAS UNANIMOUSLY CARRIED THAT THE REPORT OF THE NOMINATING COMMITTEE BE ACCEPTED.

Board of Medical Examiners. Dr. Warthen stated that these nominations, with the exception of the Board of Medical Examiners (Dr. Samuel McLanahan and Dr. Walter C. Merkel), will be voted on at the meeting of the House of Delegates on Friday morning, May 4, 1956. The nominees for the Board of Medical Examiners will be presented to the General Meeting of the Faculty at 11:00 a.m. on Thursday, May 3, 1956.

ANNOUNCEMENT BEFORE ADJOURNMENT

Dr. Warthen stated that the business which had not been completed at this meeting will be presented for discussion at the meeting on Friday at 9:00 a.m. He asked the delegates who had made motions to let the Secretary, Dr. Diggs, have the wording in writing at the close of this meeting or on Friday.

The meeting adjourned at 12:30 p.m.

Respectfully submitted,
EVERETT S. DIGGS, M.D., *Secretary*

CONTINUATION OF THE MINUTES OF THE 217th MEETING*

Friday, May 4, 1956

The continuation of the 217th meeting of the House of Delegates was held in Osler Hall on Friday, May 4, 1956, at

* The business of the 217th meeting (May 2, 1956) could not

9:00 a.m. Dr. W. H. Warthen, the President, presided. The President stated that the discussion would be limited to two minutes for each speaker and ten minutes for each subject in order that the lengthy agenda would be completed.

The following members registered:

Dr. Robert C. Abrams, Baltimore; Dr. Warde B. Allan, Baltimore; Dr. Walter A. Anderson, Baltimore; Dr. Philibert Artigiani, Baltimore; Dr. John G. Ball, Montgomery County; Dr. Helen Bowie, Baltimore; Dr. M. McKendree Boyer, Montgomery County; Dr. Leo Brady, Baltimore; Dr. A. Talbott Brice, Frederick County; Dr. Howard M. Bubert, Baltimore; Dr. Walter B. Buck, Baltimore; Dr. Read N. Calvert, Montgomery County; Dr. Robert vanL. Campbell, Washington County; Dr. Henry V. Chase, Frederick County; Dr. Thos. A. Christensen, Prince George's County; Dr. George C. Coulbourn, Somerset County; Dr. Melvin B. Davis, Baltimore County; Dr. Everett S. Diggs, Baltimore; Dr. Edward J. Edelen, Charles County; Dr. Wolcott Etienne, Prince George's County; Dr. Robert W. Farr, Kent County; Dr. Warfield M. Firor, Baltimore; Dr. Whitmer B. Firor, Baltimore; Dr. Wetherbee Fort, Baltimore; Dr. Palmer H. Futcher, Baltimore; Dr. William E. Gilmore, Baltimore; Dr. Albert E. Goldstein, Baltimore; Dr. Lewis P. Gundry, Baltimore; Dr. Frank T. Harrat, Allegany-Garrett County; Dr. Thurston Harrison, Talbot County; Dr. I. Bradshaw Higgins, Baltimore; Dr. Ralph G. Hills, Baltimore; Dr. J. Ralph Horkey, Harford County; Dr. Clewell Howell, Baltimore County; Dr. Irvin G. Hoyt, Queen Anne's County; Dr. R. Donald Jandorf, Baltimore; Dr. Robt. W. Johnson, III, Baltimore; Dr. Theodore Kardash, Baltimore; Dr. R. F. Kieffer, Jr., Baltimore; Dr. Louis Krause, Baltimore; Dr. William T. Layman, Washington County; Dr. Gerald W. LeVan, Washington County; Dr. H. J. L. Marriott, Baltimore; Dr. Robert E. Mason, Baltimore; Dr. W. O. McLane, Allegany-Garrett County; Dr. Randall McLaughlin, Anne Arundel County; Dr. Ross L. McLean, Baltimore; Dr. R. S. McVaugh, Carroll County; Dr. Frederick A. Miller, Dorchester County; Dr. Samuel Morrison, Baltimore; Dr. Waldo B. Moyers, Pr. George's County; Dr. Nathan E. Needle, Baltimore; Dr. C. F. O'Donnell, Baltimore County; Dr. S. T. R. Revell, Jr., Baltimore; Dr. E. H. Richardson, Jr., Baltimore; Dr. Norman E. Sartorius, Sr., Worcester County; Dr. Norman E. Sartorius, Jr., Worcester County; Dr. E. Roderick Shipley, Baltimore; Dr. T. R. Shrop, Howard County; Dr. W. Glenn Speicher, Carroll County; Dr. Douglas H. Stone, Baltimore; Dr. Martin E. Strobel, Baltimore County; Dr. J. Frank Supplee, III, Baltimore; Dr. W. Houston Toulson, Baltimore; Dr. John H. Trescher, Baltimore; Dr. Hilda Jane Walters, Allegany-Garrett County; Dr. William H. F. Warthen, Baltimore County; Dr. John D. Young, Jr., Baltimore; Dr. Marius P. Johnson, Baltimore (PARLIAMENTARIAN); Dr. George A. Moulton, Carroll County.

be completed due to lack of time, therefore the House adjourned and on May 4, completed the 217th agenda. The regularly scheduled May 4, 1956 meeting of the House of Delegates also was held—minutes of 218th meeting.

REPORTS OF COMMITTEES (Continued)

Council. Dr. Warfield M. Firor reported for the Council. He read the following recommendation, which he moved be passed:

Woman's Auxiliary Advisory Committee. *THE COUNCIL RECOMMENDS TO THE HOUSE OF DELEGATES THAT THE EXECUTIVE COMMITTEE OF THE COUNCIL OF THE FACULTY BE THE ADVISORY COMMITTEE TO THE WOMAN'S AUXILIARY TO THE MEDICAL AND CHIRURGICAL FACULTY.* Seconded by Dr. Bubert and carried.

Emeritus Members. DR. W. M. FIROR THEN READ THE FOLLOWING RECOMMENDATION AND MOVED THAT IT BE PASSED: THE COUNCIL RECOMMENDS TO THE HOUSE OF DELEGATES THAT THE FOLLOWING DOCTORS BE MADE EMERITUS MEMBERS:

W. E. MOSELEY, Allegany-Garrett County	
ALAN C. WOODS	
JOHN MCF. BERGLAND	
L. CLARENCE COHN	} Baltimore City
LOUIS H. DOUGLASS	
C. W. MAXSON	
WILLIAM LAWRENCE MILLEA	
BENJAMIN TAPPAN	
JOHN T. RUSSELL, Anne Arundel County	
ELIJAH E. NICHOLS (Deceased)	} Baltimore County
ROBERT H. RILEY	
C. L. MOWER, Washington County	

THIS MOTION WAS SECONDED BY DR. WHITMER FIROR AND CARRIED.

Advisory Committee to the Woman's Auxiliary. As the motion passed changes the membership of the Committee to Advise the Woman's Auxiliary to the Medical and Chirurgical Faculty, the following recommendation of the former Committee was not brought before the House of Delegates for discussion: The committee feels that when the council representing the Medical and Chirurgical Faculty of the State of Maryland takes action on legislation, would this body approve of the Woman's Auxiliary taking similar action, after having checked with the Advisory Committee to the Auxiliary, concerning this legislation, and then proceed to take action. Dr. O. H. Binkley, Chairman of the former Committee, had been contacted before the meeting and was in agreement with the proposed change.

Tuberculosis Committee. The Secretary at the request of the House of Delegates read the recommendations from the Tuberculosis Committee and explained that it is a repetition of a recommendation passed last year by the delegates:

THE COMMITTEE AGAIN RECOMMENDS THAT ALL HOSPITALS IN THE STATE REQUIRE ROUTINE CHEST FILMS OF ALL PATIENTS ON ADMISSION. IT HAS BEEN THE EXPERIENCE OF MANY OF US THAT PATIENTS WITH ACTIVE LESIONS ARE FREQUENTLY ADMITTED TO SURGICAL WARDS AND EVEN TO PRIVATE ROOMS FOR SURGICAL PROCEDURES AND GO UNDISCOVERED, THUS EXPOSING OUR HOSPITAL PERSONNEL TO INFECTION. THIS CERTAINLY CAN BE WORKED OUT

SINCE A LARGE NUMBER OF PATIENTS HAVE BLUE CROSS INSURANCE AND FOR THOSE FEW WHO DO NOT, AND ENGAGE A PRIVATE ROOM, THE COST SHOULD NOT BE BURDENSOME.

Motion—adopted.

IT WAS MOVED BY DR. CHRISTENSEN, SECONDED BY DR. BRICE THAT THESE RECOMMENDATIONS BE APPROVED. THE MOTION WAS CARRIED.

Professional Conduct Committee. The Secretary reported for the Professional Conduct Committee, and read the recommendation: *THE PROFESSIONAL CONDUCT COMMITTEE RECOMMENDS THAT GRIEVANCES BE REFERRED TO THE COMPONENT SOCIETIES UNLESS THE COMPONENT SOCIETY REQUESTS ACTION BY THE PROFESSIONAL CONDUCT COMMITTEE OF THE MEDICAL AND CHIRURGICAL FACULTY.*

Motion—adopted.

IT WAS MOVED BY DR. WHITMER B. FIROR, SECONDED BY DR. MELVIN DAVIS THAT THIS RECOMMENDATION BE APPROVED.

The Secretary elaborated upon the activity of the Professional Conduct Committee in that approximately 15 to 18 complaints were handled at each meeting, and meetings were held approximately once a month. There had been an expression from one or two component societies that they be given the opportunity to handle complaints on a local level before it is referred to the State Society. This problem has also been presented to the Executive Board of the Baltimore City Medical Society and that group has agreed to accept the responsibility of considering on a local level complaints lodged against Baltimore City members. All component societies still have the right to refer the complaint if that Society so desires to the State Society.

THE RECOMMENDATION WAS ADOPTED.

Committee to Survey Committees. The various Committees of the Faculty have been broken down into "Constitutional," "Continuing," and "Special," and are as follows:

Constitutional Committees: Committee on Scientific Work and Arrangements, Library Committee, Finney Fund Committee, Committee on Constitution and By-Laws, Finance Committee, House Committee, Professional Conduct Committee, Resolutions Committee, Budget Committee.

Continuing Committees: Committee to Cooperate with American Medical Education Foundation, Army Medical Library Committee (discharged by House of Delegates at this meeting), Blood Bank Advisory Committee, Eugene Fauntleroy Cordell Fund Committee, Committee on Diabetes, Geriatrics Committee, Committee on Industrial Health, Legislative Committee, Maternal and Child Welfare Committee, Joint Committee with Bar Associations on Medical Problems, Memoir Committee, Mental Hygiene Committee, Committee on National Emergency Medical Service, Committee for the Study of Pelvic Cancer (with special structure), Physiotherapy Committee, Committee on Public Instruction, Committee on Rural Medicine, Advisory Committee to State Health Department (special designated appointees), Advisory Committee to State Accident Fund, Tuberculosis Committee, Committee on Veterans' Medical

Care, Advisory Committee to Woman's Auxiliary, Committee for Better Distribution of Doctors Throughout the State, Committee to Study Problems of Mutual Interest to the Medical and Chirurgical Faculty and the Maryland Pharmaceutical Association.

Special Committees: Committee to Study Problem of Accreditation of Hospitals, Committee to Confer with Blue Cross and Blue Shield in Regard to Radiological Section Resolution, Essay Contest Committee (American Association of Physicians and Surgeons), Committee to Study the Licensure of Homeopathic Physicians by the Homeopathic Board, Committee to Investigate the Malpractice Insurance Problem, Committee to Meet with Board of Medical Examiners Regarding Annual Registration of Physicians, Committee to Study Liaison Between the Medical Profession and Maryland General Assembly, Committee to Cooperate with Board of Medical Examiners in Re-writing the Medical Practice Act, Medical Advisory Committee to the State Department of Health in Reference to Polio Vaccine Immunization Project, Fact-Finding Committee to Investigate Postgraduate Education, Committee Regarding Preceptorship for Medical Students, Committee to Study Availability of Prepayment Insurance in Rural Areas, Committee to Consider the Relationship Between Hospitals and Specialties and the Manner of Payment for Professional Services, Committee to Study a Revision of the Present Schedule of Medical and Surgical Fees of the State Industrial Accident Commission, Committee to Make Survey of Committees.

Specially Appointed Committee: Maryland Advisory Committee to Selective Service.

Appointed by Council: Curator, Maryland Medical Journal Editor and Editorial Board.

The "Constitutional Committees" are those designated by the Constitution and By-Laws. The "Continuing Committees" are usually appointed by the President and there are in some instances specifications designating the appointees. "Special Committees" are appointed for specific study and the membership is not subject to change and should be discharged when their specific duty has been completed.

The Advisory Committee to the State Health Department had originally been recommended for discharge but this recommendation was withdrawn earlier during this meeting.

The Blood Bank Advisory Committee also was recommended for discharge but at the request of Dr. Milton Sacks, the Chairman, it is recommended that the Blood Bank Advisory Committee be continued.

Motion—adopted.

DR. ROBERT V. CAMPBELL MOVED THAT THE BLOOD BANK COMMITTEE BE CONTINUED. SECONDED BY DR. CHRISTENSEN AND CARRIED.

THIS COMMITTEE RECOMMENDS THE DISCHARGE OF THE EUGENE FAUNTLEROY CORDELL FUND COMMITTEE (THE FUNCTIONS OF THIS COMMITTEE MAY BE ASSUMED BY THE EXECUTIVE OR FINANCE COMMITTEE), AND THE PHYSIOTHERAPY COMMITTEE.

Motion—adopted.

DR. BUBERT MOVED THAT THESE TWO COMMITTEES BE DISCHARGED. SECONDED BY DR. HARRISON AND CARRIED.

The Committee to Survey Committees also recommends to the

House of Delegates THAT A SMALL COMMITTEE BE APPOINTED BY THE CHAIRMAN OF THE COUNCIL TO STUDY THE INTENT AND ACTIVITIES OF THE COMMITTEE ON RURAL MEDICINE, FACT-FINDING COMMITTEE TO INVESTIGATE POST-GRADUATE EDUCATION, COMMITTEE ON PUBLIC INSTRUCTION, AND THE COMMITTEE FOR BETTER DISTRIBUTION OF DOCTORS THROUGHOUT THE STATE, AND THAT THIS STUDY-COMMITTEE REPORT BACK TO COUNCIL RECOMMENDATIONS CONCERNING THE COMBINATION, CONTINUATION OR DISCHARGE OF THESE COMMITTEES IN ACCORDANCE WITH THAT WHICH WILL BEST ANSWER THE NEEDS OF THE STATE.

Dr. Archie Cohen, who is the Chairman of the Committee on Rural Medicine, was unable to be present and submitted a letter to the Secretary which was a report approving this request.

Motion—adopted.

IT WAS MOVED BY DR. WHITMER FIROR AND SECONDED BY DR. CAMPBELL THAT THIS RECOMMENDATION BE ACCEPTED. CARRIED.

Recommendations—Submitted by These Specific Committees to House of Delegates.

Dr. Diggs stated that the following recommendations submitted by these designated Committees will be referred to the Study Committee that is to be appointed by the Chairman of the Council:

Committee on Public Instruction. The Chairman, Dr. Robinson, discussed the question of misleading medical information which is constantly being presented to the various newspapers and lay journals. He requested that the members of the Committee discuss ideas for combatting this. Dr. Hanford Hopkins stated that the Baltimore City Medical Society, through his Committee had considered a panel of prominent physicians who were available for the presentation of current medical topics for lay organizations such as women's organizations, church groups, and other lay functions including Rotary Club groups, etc. He suggested that we construct a similar panel to present topics of current medical interest to lay groups, as previously described, throughout the State of Maryland. This panel would be constructed of prominent physicians from other parts of the State of Maryland, as well as in Baltimore City.

It was suggested that a prominent speaker be obtained to address a joint meeting of the members of the Medical Faculty and the general public. This meeting should be held in some large auditorium at the time of the Annual Meeting.

Dr. E. R. Shipley suggested that a liaison be formed between the University of Maryland, the Baltimore City Medical Society, the State Health Department, and the Johns Hopkins School of Medicine so that there would be no conflict between the various medical programs to be presented. In this way, a larger variety of topics could be presented to the public. In this connection, the Chairman suggested that Dr. Shipley act as the liaison officer. The Chairman suggested that a program of all of these medical topics for a prolonged period be compiled and published in the various newspapers and radio and television journals.

The Committee agrees that we should not support any particular drives for money by various medical groups.

The membership of the Committee agreed that publicity should be given to the National Medical Education Foundation during the week of this campaign. This is to be done by utilization of the various television programs, the newspapers and the press. Those responsible for the various television and radio programs agreed to cooperate with Dr. William S. Stone, who is Chairman of this campaign for the State of Maryland.

The Committee submits this report for action to the House of Delegates and awaits its decision before taking further action.

Committee on Rural Medicine. The Committee arranged for a series of programs on "Rural Medicine" sent to us by the American Medical Association. Negotiations have been going on with Station WMAR for radio or TV presentation. (1955 Committee)

The 1956 Committee requested the following:

That the name of the Committee on Rural Medicine be changed to the Committee on Rural Health, so that our duties and functions may be more clearly defined.

That plans be instigated, that each Component Medical Society, be responsible, for a health exhibit, at their various county fairs. This exhibit, to be presented yearly, on various aspects of health problems. The exhibit to be arranged under the auspices of our Committee, but to be manned by the Component Medical Society, or some group responsible to them, such as the Woman's Auxiliary of the local society.

That plans be made for an annual Rural Health conference for the State of Maryland.

That the Component Medical Societies be requested to set up a Committee to correspond to the State Committee on Rural Health.

That, in order for this program to proceed in an orderly manner, without annual disruption, because of change in membership of this Committee, the Committee on Rural Health be comprised of seven members, one new member being added each year, the Chairman being dropped, and thus each member will in this manner work up to the Chairmanship of this Committee in his final year of service.

Committee for Better Distribution of Doctors.

1. With regard to execution of these recommendations, this Committee is heartily in agreement with the recommendations of the Voshell Committee of 1954 in that it seems proper that the Director of the Faculty "Be assigned to act as Director of the Services" incident to these recommendations.

2. It is deemed unnecessary at this time to set up an elaborate and consequently expensive plan of physician procurement and placement similar to the very excellent one in Virginia.

3. Fundamentally the problem constitutes one of supply and demand:

(a) With regard to *demand*:

It is proposed that each County Medical Society officially and annually survey its need for medical practitioners and report to the Committee for Better Distribution of Doctors Throughout the State.

Further that any County Medical Society reporting a physician lack, publish its report in an appropriate County newspaper(s). This is to give notice to the

County and/or community authorities of their findings and forms a basis for good public relations activities as a start toward obtaining a practitioner.

Further, that the Faculty through its Director, as advised by this Committee, will provide each County Medical Society or community on request with data about what it takes to attract and support a physician and technical data about basic facilities involved.

Finally, that when realistic opportunities are forthcoming they will be listed by the Faculty, through the Director, as advised by this Committee, to appropriate centers where they will be brought to the attention of physicians who may be seeking practitioner openings.

Budgetary requirements per annum for this service are not expected to exceed \$50.00 in direct outlay for postage and stationery.

(b) With regard to *supply*:

Official commendation should be extended by the Faculty to the University of Maryland Medical School for its activity and foresight in establishing and developing general practice internships and residencies in its post-graduate training.

An attempt should be made by the Faculty to establish undergraduate preceptorships in conjunction with medical schools. The Faculty, through the Director, advised by this Committee, should secure the services of active practitioners qualified to take undergraduate medical students in a preceptor status and cooperate in the placement of students if arrangements can be made to include such apprentice-training in the medical school curriculum, or during the summer months.

Public relations directed toward bringing to the attention of medical students the opportunities for service in rural practice should be developed. A method in use in other communities is that of a panel or formal lecture where proponents of the medical specialties, including general practice and rural medicine, are presented as a teaching clinic to third and fourth year students. After the speakers for the various practices have presented the special aspects of their training, the students are encouraged to ask questions and become better oriented about the practice of medicine in its practical, economic aspects.

The above recommendations of these Committees will be referred to the Study Committee.

Committee on Veterans' Medical Care. At the request of the President, Dr. Amos R. Koontz, as Chairman of the Committee on Veterans' Medical Care, addressed the delegates and gave some background regarding the history of this Committee. Dr. Koontz had gathered together considerable data, which he wished to send out to the members informing them of the findings of this Committee and recommending that certain actions be taken. Because of the lack of funds, the Council had disapproved this request. Dr. Koontz then discussed the problem of transmitting this information to the members of the Faculty with the Executive Board of the Baltimore City Medical Society. The Baltimore City Medical Society had agreed to take over the duties of this Committee with the proviso that the Faculty desires that they take over this function and provided that in dealing

with the American Medical Association, the Faculty would state that the Baltimore City Medical Society is carrying on the work of the Faculty.

Dr. Koontz's recommendation is that the Committee on Veterans' Medical Care be abolished or suspended until the Faculty has sufficient funds. Dr. Warfield Firor commented upon Dr. Koontz's report. He stated that,

1. The Council was fully cognizant of the importance of this Committee, but did not feel justified in voting funds which the Faculty did not have.
2. The principle involved is a little more basic and deals in brief with this—does the House of Delegates want a Component Society to take over the function of the State Society?

Dr. Koontz then read to the House of Delegates the following recommendations, which had been submitted to the Component Medical Societies prior to the meeting:

1. *PRINT INFORMATION CONTAINED IN "BLUE LETTERS" IN THE STATE MEDICAL JOURNAL EACH MONTH.*
2. *HAVE THE PRIVATE PHYSICIAN, OR SOME CLOSE DOCTOR FRIEND OF EACH LEGISLATOR, ON THE STATE VETERANS' MEDICAL CARE COMMITTEE.*
3. *HAVE OUR HOUSE OF DELEGATES INSTRUCT OUR DELEGATES TO THE A.M.A. HOUSE OF DELEGATES TO ADVOCATE THE FORMATION OF SERVICE PRESUMPTION COMMITTEES OF PHYSICIANS, IN ORDER TO DETERMINE WHAT CASES ARE SERVICE PRESUMPTIVE, AND WHOSE SERVICES WILL BE OFFERED IN LIEU OF LEGISLATIVE FIAT.*
4. *DOCTORS WHO ARE VETERANS SHOULD JOIN THE AMERICAN LEGION AND WORK FROM WITHIN THE LEGION, AS WELL AS FROM WITHOUT IT, TO PREVENT VETERANS ABUSES OF MEDICAL CARE.*
5. *THAT WE PROTEST AGAINST THE PRACTICE OF NO INVESTIGATION OF FINANCIAL STATUS OF VETERANS APPLYING FOR HOSPITALIZATION IN VETERANS ADMINISTRATION HOSPITALS FOR NON-SERVICE CONNECTED DISABILITIES.*
6. *THAT OUR HOUSE OF DELEGATES APPROVE THIS REPORT, ADOPT ITS RECOMMENDATIONS, AND SO INFORM ALL MEMBERS OF CONGRESS FROM MARYLAND.*

Dr. Koontz elaborated on these recommendations. Dr. Douglas Stone moved that these recommendations be adopted and the necessary financial support be deferred until the Faculty is again solvent. Seconded by Dr. Ball.

Dr. Ross McLean then presented information to the House which he had been able to obtain from the Federal Government. Dr. Warfield Firor stated that he felt that the factual data submitted by Dr. McLean poses a very real problem. We have a very vigorous and energetic Chairman and we have a real problem of Veterans' Medical Care. We wish to accomplish the recommendations of the Committee in the most effective and intelligent manner, and he proposed

an amendment to Dr. Stone's motion—that the delegates approve in principle of the report of Dr. Koontz but refer these recommendations to the Council for action. Dr. Firor thought that this would allow for deliberation and fusion of Dr. Koontz's report and Dr. McLean's facts.

Motion

DR. FIROR MOVED THAT THE HOUSE OF DELEGATES APPROVES IN PRINCIPLE THE RECOMMENDATIONS OF DR. KOONTZ'S COMMITTEE, BUT REFERS THEM TO THE COUNCIL FOR CONSIDERATION AND ACTION. SECONDED BY DR. CAMPBELL. THIS AMENDMENT WAS ACCEPTABLE TO DR. STONE.

Dr. Koontz thanked Dr. McLean for the information he had presented and stated that he had been trying unsuccessfully to get from Washington the information which Dr. McLean had so ably presented. Dr. Layman requested that the House of Delegates act on the recommendations as proposed by Dr. Koontz and felt that to refer them to the Council would make any action ineffectual and delay it. Dr. Firor pointed out that the purpose of the amendment is not to make these recommendations ineffectual but more effective. THE QUESTION WAS CALLED FOR AND THE AMENDMENT APPROVED WITH ONE DISSENTING VOTE.

Motion—adopted.

THE MOTION, AS AMENDED, WAS APPROVED AND READS AS FOLLOWS: THE HOUSE OF DELEGATES APPROVES IN PRINCIPLE THE RECOMMENDATIONS OF DR. KOONTZ'S COMMITTEE, BUT REFERS THEM TO THE COUNCIL FOR FURTHER CONSIDERATION AND ACTION.

Board of Medical Examiners. Homeopaths. (Supplementary report.) Dr. Lewis P. Gundry, Secretary, reported for the Board of Medical Examiners regarding the Homeopathic Board. Dr. Moyers requested that each Component Society be sent a copy of Dr. Gundry's report.

The meeting then adjourned.

Respectfully submitted,

EVERETT S. DIGGS, M.D., *Secretary*

MINUTES OF THE 218th MEETING

Friday, May 4, 1956

The 218th meeting of the House of Delegates was called to order by the President, Dr. William H. F. Warthen. The members, as listed at the preceding meeting had also registered for this one.

Nominating Committee. The report of the Nominating Committee had been accepted, and no nominations were received from the floor.

Motion—adopted.

DR. BRADY MOVED THAT THE SECRETARY CAST THE BALLOT FOR THE SLATE OF OFFICERS. SECONDED BY DR. CHRISTENSEN AND CARRIED AND THE FOLLOWING OFFICERS WERE ELECTED FOR 1957:

President

C. REID EDWARDS, Baltimore

Vice-Presidents

JAMES T. MARSH, Westminster

A. C. DICK, Chestertown

RICHARD W. TELINDE, Baltimore

Secretary

EVERETT S. DIGGS, Baltimore

Treasurer

WETHERBEE FORT, Baltimore

Councillors

E. W. DITTO, JR., Hagerstown (1959)

LESLIE E. DAUGHERTY, Cumberland (1959)

ARTHUR TALBOTT BRICE, Jefferson (1959)

GEORGE H. YEAGER, Baltimore (1959)

Delegate to American Medical Association

WARDE B. ALLAN, Baltimore (1957-1958)

Alternate Delegate to American Medical Association

H. HANFORD HOPKINS, Baltimore (1957-1958)

Also for the remainder of 1956 to fill unexpired term of
Louis H. Douglass

Committee on Scientific Work and Arrangements

EDMOND J. McDONNELL, *Chairman*, Baltimore (1957)

NORMAN RANDOLPH FREEMAN, JR., Baltimore (1958)

NATHAN E. NEEDLE, Baltimore (1959)

WILLIAM EDWIN GROSE, Baltimore (1960)

Library Committee

A. AUSTIN PEARRE, Frederick (1961)

Nominated by the Nominating Committee with Dr.
Pearre abstaining.

Finney Fund Committee

JOHN W. CHAMBERS, Baltimore (1961)

Constitution and By-Laws. The Secretary presented for consideration of the House of Delegates and final action the amendments to the Constitution and By-Laws.

Motion—adopted.

DR. WARFIELD FIROR MOVED THAT THE AMENDMENTS
BE ADOPTED AS GIVEN BELOW. SECONDED BY DR. FORT
AND CARRIED.

CHAPTER I—MEMBERSHIP**SECTION 6. Non-resident Members**

Non-resident Members shall be such (*delete "Active"*)

Members as have removed from the State and wish to
retain their affiliation with the Faculty of Maryland.

CHAPTER VI—DUTIES OF OFFICERS**SECTION 5. Treasurer**

The Treasurer shall BE THE CHAIRMAN OF THE
FINANCE COMMITTEE. HE SHALL give bond in the
sum to be fixed by the Council, the premium on which
shall be paid by the Faculty. He shall demand and
receive all funds due the Faculty, together with the
bequests and donations. He shall pay money out of the
Treasury only as directed by the House of Delegates or
the Council. He shall subject his accounts to such ex-
amination as the House of Delegates may order, and he
shall render yearly to the House of Delegates an account
of his activities and of the state of the funds in his hands.
He shall pay the vouchers of the Library Committee not
to exceed the amount of the annual appropriation made
by the House of Delegates for the support of the library.

CHAPTER VIII—STANDING COMMITTEES.**SECTION 7. Finance Committee.**

It shall be the duty of the Finance Committee to act
as such for the House of Delegates and FOR the Council.

It shall consist of five members; namely, the Chairman
of the Council, the Treasurer, WHO SHALL ALSO BE
THE CHAIRMAN OF THE COMMITTEE, the
Secretary, and two members of the Faculty appointed by
the Chairman of the Council. The Finance Committee
shall cooperate with the Budget Committee in the
preparation of the annual budget for the Faculty.

CHAPTER VII—THE COUNCIL.**SECTION 6. Conditions:**

(a) Any member desiring to avail himself of the pro-
visions of this section shall, as soon as possible after any
demand has been made upon him or any suit instituted
against him, present to the Council his request for defense
and, together therewith, a full and complete history of
the case, the services rendered and his further connection
with or relationship to the plaintiff; and if the Council
decides that his grounds of defense are valid, he shall vest
in the Council authority to assist in the defense of said
claim or suit. (*delete "and agree to make no compromise or
settlement of the matter without the consent of the Council
given in writing and signed by its proper officers."*)

CHAPTER VIII—STANDING COMMITTEES.**SECTION 9. Resolutions Committee.**

The Resolutions Committee shall consist of five
members to be appointed annually by the President of the
Medical and Chirurgical Faculty, who shall also designate
the Chairman of the Resolutions Committee. This Com-
mittee shall be chosen from the House of Delegates, and
shall be appointed at least 30 days before the Annual
Meeting of the House of Delegates.

Any new business involving a question of policy, which
has not previously been considered by the Council or the
House of Delegates, shall be referred to the Resolutions
Committee for consideration, before being acted on by
the House of Delegates. Any such new business shall be
presented in writing to the Secretary of the Faculty at
least 8 weeks prior to the Annual or Semiannual Meeting
whichever happens to be concerned.

All proposed resolutions shall be referred to the Resolu-
tions Committee WHICH Committee shall present them
to the House of Delegates with its recommendations
(*delete "as to"*) FOR approval, disapproval or FOR
recommittal to the sponsor for revision with the recom-
mendations of the Resolutions Committee. If the Resolu-
tions Committee approves the principle of a proposed
resolution but not the form of ITS expression, it shall
have the authority to submit to the sponsor a (*delete
"revised"*) REVISION (*delete "resolution"*) which, if
ACCEPTABLE TO THE SPONSOR, (*delete "agreed to
by the sponsor"*), may be presented to the House of
Delegates by the Resolutions Committee.

The Council may refer to the Resolutions Committee
all recommendations that should be formulated as
resolutions before presentation to the House of Delegates
with an expression of opinion by the Council as to the
policy involved therein.

WHEN REQUESTED BY THE PRESIDING
OFFICER OF THE HOUSE OF DELEGATES, the
Resolutions Committee shall report to the House of

Delegates. (*delete "at the time indicated by the Chairman of the House of Delegates."*)

TESTIMONIAL RESOLUTION ON DR. J. ALBERT CHATARD

Dr. Warfield Firor presented the testimonial resolution on Dr. J. Albert Chatard, and preceded this resolution with the statement that this is an occasion when we should really pause for a minute because the notation that is about to be read is of real historical significance. Ever since the founding of this Society 157 years ago a member of the Chatard family has been a member of this Faculty. It Was, THEREFORE, MOVED APPROPRIATELY THAT THERE BE SPREAD ON THE MINUTES OF THIS BODY A RESOLUTION AS WRITTEN BY DR. CHARLES R. AUSTRIAN AS FOLLOWS:

ON JANUARY 27, 1956, J. ALBERT CHATARD, COLLEAGUE AND FRIEND, PASSED FROM OUR MIDST. FEW HAVE BEEN GIVEN SUCH A HERITAGE OF PHYSICAL, EMOTIONAL AND MENTAL ENDOWMENTS AS HE; FEW HAVE BEEN GRANTED SUCH CAPACITIES FOR FRIENDSHIP AND FOR HELPFULNESS. DESCENDANT OF FOUR GENERATIONS OF PHYSICIANS; A SIRE OF ANOTHER, HE WAS TRUE TO AN UNUSUAL FAMILY TRADITION. HANDSOME, GENIAL, SKILLED WITH A LOVE AND UNDERSTANDING OF HIS FELLOWS, HE WAS TRULY A HEALER. NONE WHO SOUGHT HIS AID WAS DENIED IT. AND HE WAS CITIZEN AND COLLEAGUE, TOO, WITH A GENEROUS HELPFULNESS TO FURTHER GOOD CAUSES, CIVIC AS WELL AS PROFESSIONAL.

HIS MILITARY RECORD IN WORLD WAR I, AND HIS ACCOMPLISHMENT AS A TEACHER IN THE JOHNS HOPKINS MEDICAL SCHOOL WERE SOURCES OF SATISFACTION TO HIM. PROBABLY HIS MAJOR LOVE AND AVOCATION WAS THIS MEDICAL AND CHIRURGICAL FACULTY. NONE WAS MORE CONSTRUCTIVELY ACTIVE IN ITS BEHALF. A MEMBER FOR FIFTY YEARS, SECRETARY, COUNCILOR, VICE-PRESIDENT, PRESIDENT AND FOR YEARS ITS TREASURER AND CURATOR, HE WAS EVER ON HAND TO GUIDE AND TO ADVISE. NONE CAN QUITE TAKE HIS PLACE—HIS NICHE IS A VOID AND ONLY GOOD MEMORIES WILL NOW REMAIN.

THEREFORE, BE IT RESOLVED BY THIS BODY THAT THE FOREGOING MINUTE BE RECORDED AS A PERMANENT EXPRESSION OF REGARD AND OF APPRECIATION.

Motion—adopted.

DR. FIROR THEN MOVED THAT THIS BE SPREAD ON THE MINUTES OF THIS MEETING. THIS WAS SECONDED BY DR. FORT AND UNANIMOUSLY CARRIED.

VISITING SURGEONS' FEES AND LOCAL PHYSICIANS. (MARYLAND MEDICAL SERVICE)

The Secretary reported as a matter of information that the report from Mr. R. H. Dabney, Director of the Maryland Medical Service, Inc., regarding visiting surgeons' fees and

local physicians' fees had been submitted in accordance with the request made by the House of Delegates in April 1955.

Dr. Moyers felt there should be some control as to where the proposed division of fees were put to practice and suggested that the Council exert this control.

Dr. W. M. Firor pointed out that Dr. Moyers's point was well taken but questioned the legality as to whether any action by the Council should be binding. He stated, however, that our recommendation would be accepted by the Maryland Hospital Service and the Council would be glad to follow Dr. Moyers's suggestion recommending that Council approval be obtained before such a practice was established in any specific locality.

POISON CONTROL CENTERS

Dr. Thomas A. Christensen reported on the establishment of Poison Control Centers, stating that two such centers are now in operation—one at the Johns Hopkins Hospital, and the other at the University Hospital. The summary of information concerning these Centers had been distributed to the delegates.

Dr. Warthen expressed the appreciation of the Faculty for the work done by the Maryland Academy of Pediatrics.

COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS

Dr. Edmond J. McDonnell, Chairman of the Committee on Scientific Work and Arrangements announced that the tentative Semiannual meeting date and place is September 21, 1956, at Ocean City, Maryland. The tentative dates for the Annual meeting are May 1, 2 and 3, 1957.

Motion—adopted.

ON MOTION BY DR. FORT, SECONDED BY DR. CHRISTENSEN, THE DATES OF THE ANNUAL AND SEMI-ANNUAL MEETINGS WERE APPROVED. THE MOTION WAS CARRIED.

CONTINENTAL CASUALTY COMPANY

The Secretary presented to the House of Delegates the proposal from the Continental Casualty Company that the Faculty act as a silent sponsor for a group type of coverage which is catastrophic insurance. This insurance is now being offered to the members of the Baltimore City Medical Society. Supposedly this would make it possible for members of the Component Societies otherwise too small to qualify as a group and thereby receive the benefits of group insurance, to participate in the program. The Secretary explained that the Council hesitated to endorse any casualty insurance and wondered about the advisability of the Faculty sponsoring any insurance company.

The Secretary Stated That the Council Recommended to the House of Delegates That the State Society Will Agree to the Sponsorship of This Policy Upon Request of the Component Societies.

Dr. Etienne felt that the Component Societies should be notified that this insurance is available and felt that such notification should be included as part of the recommendation and offered the following motion:

Motion.

"I MOVE THAT THE REPORT OF COUNCIL REGARDING

THIS POLICY BE APPROVED AND ALL COMPONENT SOCIETIES BE INFORMED THAT THE FACULTY WILL SPONSOR THE INSURANCE PLAN IF REQUESTED."

Some discussion regarding this motion ensued. THE MOTION WAS SECONDED BY DR. MOYERS DURING WHICH DR. NEEDLE ENDORSED THE POLICY AS THE SAME ONE NOW BEING USED BY THE MARYLAND ACADEMY OF GENERAL PRACTICE.

Motion—adopted.

THE MOTION WAS CARRIED.

HOUSE OF DELEGATES LUNCHEON

Dr. Fort pointed out that there were two recommendations concerning expenditures of money—one regarding the work of the Library in preparing bibliographies and the other in reference to the House of Delegates luncheon. Dr. Fort stated that the following action was taken by the Council: *The Council is to Inform the House of Delegates That Hereafter it Would Not Be the Policy for This Society to Pay for the Luncheon of the Members of the House of Delegates Unless That Body so Authorizes.*

It was the feeling of the House of Delegates that definite action should not be taken but that the Planning Committee should study this and bring back final recommendations.

Motion—adopted.

DR. MOYERS MOVED THAT THIS RECOMMENDATION FROM THE COUNCIL BE TABLED AND REFERRED TO THE PLANNING COMMITTEE FOR STUDY. THE MOTION WAS SECONDED BY DR. HARRISON AND CARREID.

LIBRARY FEE FOR BIBLIOGRAPHY

Dr. Louis Krause, Chairman of the Library Committee, reported for the Library on the preparation of bibliographies. He also informed the House of Delegates that Miss Louise D. C. King was to be employed as the head librarian as of June 1, 1956.

Dr. Krause pointed out that some libraries charge a fee of \$3.50 for looking up literature for its members. Several of the delegates discussed this point and stated that such a charge would be prohibitive and would discourage any investigator from obtaining a bibliography from this Library.

Dr. Brady moved that we table any action until we get the report of the Planning Committee on the matter of both the delegates' luncheon and the Library. This was seconded by Dr. Harrison.

Dr. Hubert proposed an amendment which would limit the tabling until action had occurred which would improve the finances this year.

The Secretary pointed out that both of these matters were being brought to the attention of the House of Delegates as a matter of information and not for action.

Dr. Brady withdrew his motion and Dr. Harrison withdrew his second.

Report of the Resolutions Committee. Dr. Robert vL. Campbell, Chairman of the Resolutions Committee, presented the following resolutions with the recommendations from the Resolutions Committee.

Resolution A. Submitted by the Prince George's County Medical Society. In re: Nominating Committee—presentation of slate. Dr. Campbell stated that the Committee with the

approval of the sponsor had added the following paragraph to the Resolution: *BE IT RESOLVED THAT THE COMPONENT MEDICAL SOCIETIES BE ASKED TO SUBMIT ANY SUGGESTIONS TO THE NOMINATING COMMITTEE BY NOVEMBER 1ST IN ORDER THAT SUCH SUGGESTIONS MAY BE CONSIDERED BY THE COMMITTEE. THE RESOLUTION WILL, THEREFORE, READ IN ITS ENTIRETY AS FOLLOWS:*

WHEREAS THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND IS MADE UP OF ALL THE COUNTY AND CITY MEDICAL SOCIETIES, AND

WHEREAS THE OFFICERS AND REPRESENTATIVES ELECTED BY THE FACULTY ARE SELECTED FROM THE MEMBERS OF THE LOCAL MEDICAL SOCIETIES, AND

WHEREAS UNDER THE PRESENT SYSTEM THE NOMINATING COMMITTEE PRESENTS ITS SLATE OF NOMINEES TO THE HOUSE OF DELEGATES ONE DAY BEFORE THE ELECTION, AND

WHEREAS IN THE PAST NOMINATION HAS BEEN TANTAMOUNT TO ELECTION OR APPOINTMENT, AND

WHEREAS THIS SYSTEM COULD LEAD TO SELF-PERPETUATION, THEREFORE BE IT RESOLVED THAT THE COMPONENT MEDICAL SOCIETIES BE ASKED TO SUBMIT ANY SUGGESTIONS TO THE NOMINATING COMMITTEE BY NOVEMBER 1ST IN ORDER THAT SUCH SUGGESTIONS MAY BE CONSIDERED BY THE COMMITTEE, AND

BE IT RESOLVED THAT THE NOMINATING COMMITTEE SHALL PRESENT ITS SLATE OF NOMINEES EARLY ENOUGH SO THAT THE FACULTY CAN AND SHALL SEND THE REPORT TO THE COMPONENT SOCIETIES AT LEAST TWO MONTHS BEFORE THE ANNUAL MEETING.

Motion—adopted.

The Resolutions Committee recommends approval of this resolution, and Dr. Campbell so moved. (SECONDED BY DR. NEEDLE. THERE WAS NO DISCUSSION AND THE MOTION WAS CARRIED AND RESOLUTION A WAS ADOPTED UNANIMOUSLY.

Resolution B. Submitted by the Prince George's County Medical Society. In re: Nominees for members of Council. Dr. Campbell presented Resolution B which reads as follows:

WHEREAS THE MEDICAL AND CHIRURGICAL FACULTY IS MADE UP OF ALL THE COUNTY AND CITY MEDICAL SOCIETIES, AND

WHEREAS THE COUNCIL IS THE POLICY-MAKING BODY OF THE FACULTY, AND

WHEREAS A MEMBER OF THE COUNCIL SHOULD BE TRULY REPRESENTATIVE OF HIS AREA, AND

WHEREAS NOMINATIONS ARE NOW MADE WITHOUT CONSULTING THE LOCAL SOCIETY AS TO THE QUALIFICATIONS OF THE NOMINEE FOR THE JOB, THEREFORE

BE IT RESOLVED THAT THE NOMINATING

COMMITTEE SELECT ITS NOMINEES FOR THE COUNCIL FROM ELECTED REPRESENTATIVES OF THE COMPONENT SOCIETIES, I.E., MEMBERS OF THE HOUSE OF DELEGATES.

IT WAS THE OPINION OF THE RESOLUTIONS COMMITTEE THAT THIS RESOLUTION RESTRICTS THE ACTION OF THE NOMINATING COMMITTEE AND THAT THE ADOPTION OF RESOLUTION A, AS AMENDED, MAKES RESOLUTION B UNNECESSARY.

Motion.

Dr. Campbell moved that this resolution be disapproved. Dr. Needle requested permission to make an insertion in Resolution B before the motion was made; the second to the motion was withdrawn but was then seconded by Dr. W. M. Firor. Dr. Etienne requested that the motion be amended to add to the last paragraph:

"or that the Component Society be consulted prior to the nomination of the Councilor from that County Society."

This amendment was not accepted by either Dr. Campbell or by Dr. Firor. There was considerable discussion concerning the intent of the motion and whether or not it could be carried out effectively.

Dr. Campbell pointed out as Chairman of the Resolutions Committee that he had no authority to accept changes from the floor but could only present to the House of Delegates the action taken by his Committee as originally presented. Dr. Moyers pointed out that the intent of the motion would be to obtain for the nominated member of the Council the backing of the Component Society which he represented, and in that way the councilor would be the true representative of his component medical society.

Motion—adopted.

THE MOTION DISAPPROVING THE RESOLUTION WAS CARRIED.

Resolution from the Baltimore City Medical Society. Policy for designating members of Nominating Committee. Dr. Campbell presented the resolution:

WHEREAS, PAST PRESIDENTS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND HAVE HELD THE HIGHEST POST OF HONOR IN THE FACULTY, AND SHOULD BE ABOVE SELF-SEEKING OR PETTY POLITICS, AND

WHEREAS, THE BEST INTERESTS OF THE FACULTY DEMAND THAT MEN OF THIS TYPE BE ON THE NOMINATING COMMITTEE EACH YEAR, THEREFORE

BE IT RESOLVED THAT THE HOUSE OF DELEGATES BE REQUESTED TO CHANGE THE FOLLOWING SENTENCE IN SECTION 5, CHAPTER VIII OF THE BY-LAWS

"THE PRESIDENT SHALL APPOINT, AT THE END OF HIS TERM OF OFFICE IN DECEMBER, A NOMINATING COMMITTEE OF FIVE MEMBERS."

TO READ AS FOLLOWS:

"THE NOMINATING COMMITTEE SHALL

CONSIST OF THE FIVE MOST RECENT LIVING PAST PRESIDENTS OF THE FACULTY."

The Resolutions Committee recommends that this resolution be disapproved because in its opinion the Nominating Committee appointed, as suggested, would be less representative of the State as a whole than the committees that have been appointed under the system now in effect.

Motion.

DR. CAMPBELL MOVED THAT THE RESOLUTION BE DISAPPROVED. SECONDED BY DR. BALL.

There was considerable discussion concerning this resolution. Many of the participants in the discussion felt that the past presidents were in a better position than anyone else to know about the affairs of the Faculty; others felt it would make the issue of nominations closed. The President clarified the motion to the effect that the motion is that the Resolutions Committee recommends disapproval of this resolution, and if the resolution before the House is approved then the recommendation will be disapproved; if the motion is disapproved the Nominating Committee would consist of the five most recent living past presidents.

Motion—not adopted.

After a verbal vote, a standing vote was requested and the motion to disapprove the resolution was defeated 33 to 29.

Dr. Jarrett pointed out that the House had in effect taken no action and that in order for action to occur the delegates should officially approve the resolution.

Adoption of Resolution.

DR. WHITMER FIROR MOVED THAT THE RESOLUTION BE APPROVED, SECONDED BY DR. MILLER AND THE MOTION WAS CARRIED BY A RISING VOTE OF 32 TO 22.

Resolution from the Maryland Society of Pathologists, Inc. The resolution from the Maryland Society of Pathologists submitted by Secretary-Treasurer, Dr. Paul F. Guerin, was presented to the House of Delegates by Dr. Campbell and is as follows:

WHEREAS THE BALTIMORE CITY MEDICAL SOCIETY BY REVISION OF THE CONSTITUTION AND BY-LAWSON NOVEMBER 20, 1953 HOLDS THAT PHYSICIANS WHO ARE "PROFESSIONALLY ACTIVE" ARE NOT ELIGIBLE FOR ASSOCIATE MEMBERSHIP, AND

WHEREAS IT WAS THE DECISION OF THE EXECUTIVE BOARD OF THE BALTIMORE CITY MEDICAL SOCIETY THAT THE PRACTICE OF PATHOLOGY IN THE STATE OF MARYLAND IS INCLUDED IN THE PRACTICE OF MEDICINE AND THAT PHYSICIANS PRACTICING PATHOLOGY ARE PROFESSIONALLY ACTIVE AND, THEREFORE, NOT ELIGIBLE FOR ASSOCIATE MEMBERSHIP, AND

WHEREAS THE MARYLAND SOCIETY OF PATHOLOGISTS, INC. APPROVES THE ACTION OF THE BALTIMORE CITY MEDICAL SOCIETY, AND

WHEREAS IT IS HIGHLY DESIRABLE THAT SUCH REGULATION BE APPLICABLE TO ALL

PRACTICING PATHOLOGISTS IN THE STATE OF MARYLAND,

THEREFORE, BE IT RESOLVED THAT THE MARYLAND SOCIETY OF PATHOLOGISTS, INC. DO HEREBY PETITION AND REQUEST THAT THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND RESOLVE THAT THE PRACTICE OF PATHOLOGY IS INCLUDED IN THE PRACTICE OF MEDICINE.

The Resolutions Committee recommended the approval of this resolution and its report states "the resolution seems harmless and merely emphasizes a known fact that the Pathologists evidently feel would further their cause."

Motion—adopted.

DR. CAMPBELL MOVED THAT THE RESOLUTION BE APPROVED, SECONDED BY DR. HARRISON AND CARRIED.

CALL FOR SPECIAL MEETING OF THE HOUSE OF DELEGATES

Dr. Moyers requested the floor and stated that he had presented to the Chairman a petition signed by ten members of the House of Delegates requesting that a special meeting be called immediately following this meeting. This is for the purpose of discussing the financial situation and finding an interim solution until the Planning Committee can work out the problems of the future. Dr. Moyers requested the President to therefore, in accordance with the By-Laws, call a special meeting of the House of Delegates upon adjournment of this meeting.

AFFILIATE MEMBERSHIP

Dr. R. N. Calvert presented to the House of Delegates the difficulties, because of geographical location, which the border counties have in bringing into membership physicians who practice in Maryland and also in the States of Pennsylvania, Delaware, Virginia or the District of Columbia.

Dr. Calvert further stated it is impossible for these physicians to be active members of two component societies of the American Medical Association, and according to our Constitution and By-Laws they are not eligible for associate membership. He, therefore, suggested that a new category, termed *affiliate*, should be developed and presented the following recommendation, which he wishes referred to the Committee on Constitution and By-Laws for study:

"AFFILIATE MEMBERS SHALL BE PHYSICIANS LICENSED TO PRACTICE MEDICINE IN MARYLAND NOT ELIGIBLE FOR ACTIVE MEMBERSHIP BECAUSE OF ACTIVE MEMBERSHIPS IN COMPONENT SOCIETY OF A.M.A. THEY WILL NOT BE ELIGIBLE TO VOTE, OR HOLD OFFICE."

He further stated that the dues that should be charged to these members should be considered and they should not be liable for assessments.

Motion—adopted.

DR. CALVERT MOVED THAT THIS RECOMMENDATION BE REFERRED TO THE COMMITTEE ON CONSTITUTION AND BY-LAWS FOR STUDY. SECONDED BY DR. OSBORNE CHRISTENSEN AND THE MOTION WAS CARRIED.

METHOD FOR NOMINATING COMMITTEE TO USE IN SELECTING NOMINEES FOR THE COUNCIL

Motion.

DR. ETIENNE MOVED THAT THE NOMINATING COMMITTEE SELECT ITS NOMINEES FOR THE COUNCIL FROM ELECTED REPRESENTATIVES OF THE COMPONENT SOCIETIES, THAT IS MEMBERS OF THE HOUSE OF DELEGATES; OR THAT THE COMPONENT SOCIETIES BE CONSULTED PRIOR TO NOMINATION OF A COUNCILOR FROM THAT COUNTY SOCIETY.

SECONDED BY DR. WARFIELD FIROR.

Dr. Warfield discussed the soundness of this motion and pointed out the necessity of having the councilors be active men of the area which they represent. Some discussion ensued concerning the fact that members of the Council are set up geographically in accordance with the Constitution and By-Laws and the President, Dr. Warthen, read from the By-Laws as follows:

Article VII, Section 1. The officers of this Faculty shall be a President, three (3) Vice-Presidents, a Secretary, a Treasurer, a State Board of Medical Examiners as provided by State Law, and fifteen (15) Councilors who shall be chosen as follows: two from the Eastern Shore, five from the Western Shore, outside of Baltimore City, and eight from Baltimore City.

Dr. Etienne pointed out that while more than one county might be represented by one councilor, the only group that would know about the individual's qualifications to perform the duties of the Council would be the component society in which he had been a member. Therefore, the choice should not be made without first consulting that society.

Motion—adopted.

THE MOTION WAS CARRIED. Dr. Bubert questioned whether or not this action should be referred to the Committee on Constitution and By-Laws. The Secretary replied that he did not think this means a change in the Constitution, but is a command from the House of Delegates to the Nominating Committee as to a procedure which it is to follow.

ADJOURNMENT

Dr. Warthen, as President, declared that there would be a special business meeting of the House of Delegates following a short recess, after adjournment of this meeting.

Dr. Firor moved that the meeting adjourn. Seconded. Motion was carried.

Respectfully submitted,

EVERETT S. DIGGS, M.D., *Secretary*

MINUTES OF THE 219th SPECIAL MEETING

Saturday, May 4, 1956

The Special Meeting, which was the 219th meeting, was called to order by the President, Dr. William H. Warthen. Dr. Warthen read Chapter IV, Section 2, of the By-Laws:

Special meetings of either the Faculty or the House of

Delegates may be called by the President or on petition of 10 delegates or of 50 members respectively.

SPECIAL ASSESSMENT

The President stated that this meeting was in order and that a petition, as stated in the Constitution and By-Laws, had been received. He read to the House of Delegates the following:

"We, the undersigned, hereby petition the President of the Medical and Chirurgical Faculty to call a special meeting, today, May 4, 1956, immediately following the closure of the regular meeting.

"This meeting is for the purpose of considering emergency financial matters.

THOMAS A. CHRISTENSEN
A. TALBOTT BRICE
FREDERICK H. MILLER
LOUIS KRAUSE
EVERETT S. DIGGS
ROBERT V.L. CAMPBELL
W. GLENN SPEICHER
WALDO B. MOYERS
W. L. ETIENNE
ROBERT W. FARR"

Dr. Moyers requested the floor and addressed the House of Delegates. He stated that since the problem of an emergency assessment had been proposed, that he and a number of the members had been working towards a solution. He felt that a strong State Medical Society was quite necessary. He also felt that more money would be required to improve our financial position. The salary schedule is very low, and we are losing employees that we cannot afford to lose. He therefore, made the following motion:

Motion—Adopted.

"I WOULD LIKE TO MOVE THAT THE HOUSE OF DELE-

GATES APPROVES OF AN ASSESSMENT OF ALL ACTIVE MEMBERS OF TWENTY DOLLARS (\$20.00) FOR BALTIMORE CITY AND FIFTEEN DOLLARS (\$15.00) FOR THE COUNTIES FOR THE CALENDAR YEAR 1956, THE TOTAL PROCEEDS OF WHICH WILL BE PAID TO THE TREASURER FOR FACULTY USE, SUBJECT TO A MAIL REFERENDUM BY ALL COMPONENT SOCIETIES. THE VOTE OF EACH MUST BE IN THE HANDS OF THE FACULTY SECRETARY ON OR BEFORE JUNE 15, 1956. IN THE EVENT ANY COMPONENT SOCIETY FAILS TO MAKE ITS WISHES KNOWN BY DATE INDICATED, IT IS TO BE CONSTRUED AS A FAVORABLE VOTE. WHEN THE SECRETARY RECEIVES FAVORABLE VOTES SUFFICIENT TO REPRESENT A MAJORITY (OR THE CONTRARY) HE WILL BE AUTHORIZED TO DECLARE THE VOTE FINAL AND WILL SO NOTIFY THE TREASURER, THE PRESIDENT, AND THE CHAIRMAN OF THE COUNCIL, AND THE RESULT WILL BE PUBLISHED IN THE EARLIEST POSSIBLE ISSUE OF THE JOURNAL."

THE MOTION WAS SECONDED BY DR. BUBERT. MOTION WAS CARRIED WITHOUT FURTHER DISCUSSION.

Dr. Fort stated to the House of Delegates that he felt that this action was very wise and wished to thank the delegates on behalf of the Council and everyone concerned. He assured them that there would be a full accounting of every dollar appropriated today.

APPRECIATION EXPRESSED TO COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS.

Dr. Warthen complimented the Committee on Scientific Work and Arrangements, of which Dr. Edmond J. McDonnell is the Chairman, on the fine Annual Meeting program it had developed. It was moved, seconded and carried that the House of Delegates extend to this Committee its appreciation.

On motion, duly seconded and carried, the special meeting adjourned at 11:40 a.m.

Respectfully submitted,

EVERETT S. DIGGS, M.D., *Secretary*

REPORTS^{1,2}

To the House of Delegates

SECRETARY

Mr. President and Members of the House of Delegates:

The total membership of the Medical and Chirurgical Faculty is 2,707. The total members paid in full were 2,238. There are 89 members in the U. S. Service, there are 25 fifty-year members and 74 emeritus members. 149 members did not pay the assessment and 132 members paid neither their

dues nor their assessment. Of the total membership, A.M.A. membership is held by 871 members of Baltimore City Society, 610 members of the other components and 7 non-resident members. The following counties are to be congratulated as they had 100% paid-up membership dues and assessment:

Charles County Medical Society
St. Mary's County Medical Society
Talbot County Medical Society

The complete statistical report is appended on page 548.

Despite repeated letters and reminders that assessments as well as dues must be paid by January 31 in order for a member to be eligible to physicians' defense, a great number of our members have not paid their assessment. Of the total membership of 2,690, only 1,928 have paid both dues and assessments in advance of this deadline.

¹ A summary of these reports, which were submitted by the Officers, Chairman of the Council, A.M.A. Delegates, and the Chairman of the Committees, was mailed to every Delegate and the President and Secretary of each Component Society prior to the meeting of the House of Delegates on Wednesday, May 2, 1956.

² Membership Roster for March 31, 1955 to May 31, 1956, published in August 1956 Journal, Vol. 5, No. 9.

You will remember that last year I recommended to this body a procedure for processing recommendations and resolutions in advance of annual and semi-annual meetings. With your approval we have attempted to follow this policy. Unfortunately we are still unable to get this information to the component societies as promptly as I feel we should or as promptly as the office staff would like it to be forwarded to you. There are two reasons for this. These are explanations, not excuses.

Reports are not submitted on time. A letter to remind Committee Chairmen of the deadline of March 7 for reports containing recommendations and of March 20 for all other reports, was mailed on February 23, 1956. On April 4, 1956, seventeen committees had not submitted reports and several of these, when they did arrive, carried with them recommendations.

The second reason for delay has been the problem of the office force. Only those of you who are active in the Society can realize the tremendous volume of work which is handled by the office staff. The summary of Committee reports which you have will give you some idea of the number of Committees this Faculty has and how active they are. None of us want to decrease our activities, but we have become so overloaded that Faculty work that should be done promptly is at times delayed as much as two months by other Faculty work that seems more urgent. We have been unable to increase our office staff and have been plagued by sickness which has kept our present staff reduced throughout the year.

To me it seems obvious that we must either reduce the load of work which the office staff attempts to carry out or else must increase the staff. The latter is most desirable but at this time seems financially impossible.

May I also point out to the Delegates that the Chairmanship of many Committees changes at the beginning of each calendar year. In the past we have requested reports from the retiring Chairman for the report of his Committee from the time of the last annual meeting until December 31, and in addition have requested a report from the new Chairman covering the period of January 1 to the time of the next annual meeting. Perhaps some thought should be given to requesting a report for the calendar year only.

If those submitting these reports wish to make any corrections for the permanent record, please given them to me immediately after this meeting, (May 2, 1956) and we will be glad to insert them before publication of the Transactions in the Maryland State Medical Journal.

Mr. Jesse Marden IV has been with us for about one year as our Director and he will be glad to be of assistance to the Component Societies and is always available to attend your meetings.

Despite the difficulties which have presented themselves, the Society has had a very active year and has participated creditably on a national as well as local level. With continued interest and activity of our members and Committees, we shall continue to grow and be effective as a unified State Society.

Respectfully submitted,
EVERETT S. DIGGS, M.D., Secretary

TREASURER*

Mr. President and Members of the House of Delegates:

This will be my first report to you as Treasurer of the Medical and Chirurgical Faculty of Maryland. See "Fiscal Facts."

The story of our financial situation is not a happy one. The Budget Committee, of which I am a member, had a meeting on March 5, 1956 and went over the estimated expenses, with what seemed to the Committee, logical and necessary increases and felt, after much discussion that the only recommendation they could make would be to report to the Council that they were unable to prepare a satisfactory budget at this time. They further requested that the Council authorize the calling of an emergency meeting of the Budget Committee, the Finance Committee, and the Executive Committee of the Council to further study ways and means of cutting down the estimated expenses or how to raise funds to meet the tremendous increase in the budget. This meeting was held and after a lengthy discussion it was felt that there could possibly be a ten to twelve thousand dollar reduction which, of course, would not permit us to operate as efficiently as we are now doing. Their suggestions were presented to the Council and at the same time the Treasurer asked and received Council approval for the Faculty to continue to operate on a budget kept within the estimated 1956 current income. See pages for "Fiscal Facts."

The Treasurer pointed out that there were four major items that must be considered in the budget to arrive at realistic figures.

1. Salaries. Our salary scale is well under the competitive salaries which are offered elsewhere. With the work load all of our Staff are underpaid.
2. The Library.
3. The Journal.
4. Fringe benefits.

However, cutting down on allotments to the Library and the Journal are not the entire answer. Salaries must be raised. There are several important factors, namely, the ever-increasing work load in the personnel office, demands by the A.M.A., the Women's Auxiliaries of both Societies, and the innumerable committees, all of these must be seriously considered. The Treasurer requested the Council, through the Chairman, that a planning or survey committee be appointed to study the entire financial picture of the Faculty and to establish the true purposes of the Medical and Chirurgical Faculty. An assessment to meet the emergency increase in the budget this year seemed logical and any possible increase in dues would have to be established after the findings of this Committee had been presented to the House of Delegates at their next meeting. This whole problem, as I have said before, is serious. It is the problem of every member, as well as the Officers. It needs a lot of clear, cool thinking.

Respectfully submitted,
WETHERBEE FORT, M.D., Treasurer

* This also includes the Report of the Finance Committee.

Secretary's Report

May 1956

Member- ship 1955	Member- ship 1956	Pd. in Advance Member- ship & As- sessment	Counties	New Members	Re- moved	Re- signed	De- ceased	Drop- ped	U. S. Service
76	76	59	Allegany-Garrett County Medical Society	5	2	1		2	4
65	67	54	Anne Arundel County Medical Society	5	2		1		3
1385	1464	1261	Baltimore City Medical Society, Active	112	8	13	9	3	63
79	96	88	Baltimore City Medical Society, Associate	28	7	4			
170	173	109	Baltimore County Medical Association	13	7	1	2		3
5	4	3	Calvert County Medical Society		1				
11	11	9	Caroline County Medical Society						
34	33	24	Carroll County Medical Society	2	2			1	
23	24	19	Cecil County Medical Society, Active	2	1				
6	6	6	Cecil County Medical Society, Associate						
12	13	13*	Charles County Medical Society	1					1
27	26	22	Dorchester County Medical Society	1			2		
56	57	44	Frederick County Medical Society	4	2		1		1
33	36	30	Harford County Medical Society	3					1
8	8	7	Howard County Medical Society						
13	13	10	Kent County Medical Society	1		1			
178	212	163	Montgomery County Medical Society, Active	52	6	9		3	3
11	12	11	Montgomery County Medical Society, Associate	7		5		1	1
82	97	77	Prince George's County Medical Society, Active	19		4			1
24	22	17	Prince George's County Medical Society, Associate	2	2	1		1	
7	6	5	Queen Anne's County Medical Society		1				
12	13	13*	St Mary's County Medical Society	2	1				
11	9	4	Somerset County Medical Society		2				
28	29	29*	Talbot County Medical Society	4	2		1		3
78	79	75	Washington County Medical Society	4	1		2		1
53	58	45	Wicomico County Medical Society	7	2				4
15	13	7	Worcester County Medical Society		2				
45	50	34	Non-resident membership	5					
2547	2707	2238		279	51	39	18	11	89

Active Members.....	2537	Gain—Active Members.....	160	Total Membership—City and County....	2707
Associate Members.....	120	Gain—Non-resident Members.....	5		
Non-resident Members.....	50		—	Total members paid in full.....	2238
			165	Members in U. S. Service.....	89
	2707	Loss—Associate Members.....	5	50 Year Members.....	25
			—	Emeritus Members.....	74
		Actual Gain.....	160	Assessments Not Paid.....	149
				Dues Not Paid (Nor assessments).....	132

* 100% Paid in Advance.

2707

APPOINTMENT OF DR. HARVEY B. STONE

Dr. George F. Lull, Secretary-General Manager of the American Medical Journal, in his monthly Secretary's Letter, had the following which is of interest to the physicians in Maryland:

Dr. Harvey B. Stone, Baltimore, former member of the A.M.A. Council on Medical Education and Hospitals, has replaced Dr. Allan Gregg, New York, on the National Advisory Committee to the Selective Service System in Washington.

THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND

Baltimore, Maryland

GENERAL FUND—INCOME AND EXPENSE STATEMENT

For Year Ended December 31st, 1955

Income

Dues—Baltimore City Dental Society.....	\$1,425.00	
—Baltimore City Medical Society.....	54,480.00	
—County Medical Society.....	25,940.00	
—Halls and Offices—Baltimore City Medical Society.....	400.00	
—Halls and Offices—Other.....	4,295.00	\$86,540.00

Gift—Dr. Chatard.....	125.00	
Meetings—Annual and Semi-Annual—Exhibits.....	4,000.00	
Baltimore City Medical Society—For Salaries.....	3,400.00	
American Medical Association—For General Purposes.....	403.35	
Bequest of John Wesley Cole—For General Purposes.....	1,000.00	
Journal—Advertisements.....	24,101.86	
—Subscriptions.....	3,763.50	27,865.36

Transfers from Consolidated Fund—Income Funds

Bowen Fund—For New Equipment.....	629.00	
Charles M. Ellis Fund—For General Purposes.....	482.80	
John Ruhrah Fund—For Salaries.....	1,300.00	2,411.80

Miscellaneous.....	79.81	
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Total Income..... \$125,825.32

Expenses

Accounting Fees.....	508.13	
Communication Expense—Postage, Telephone and Telegraph.....	3,402.48	
Contributions.....	100.00	
Extraordinary Repairs.....	2,007.32	
Fuel.....	2,756.57	
Gas, Electricity and Water.....	2,313.72	
Household and Janitorial Supplies.....	1,086.87	
Insurance.....	1,539.61	
Journal Expense.....	28,678.98	
Legal Fees.....	1,577.39	
Legislative Committee Expense.....	294.26	
Other Committee Expenses.....	948.93	
Maintenance of Property.....	1,825.49	
Maryland Unemployment Insurance.....	147.27	
Federal Unemployment Insurance.....	138.34	
Social Security Tax.....	2,274.54	
Meetings—Annual and Semi-Annual.....	6,651.35	
Miscellaneous Expense.....	3,044.50	
Purchase of Equipment.....	1,663.38	
Office Supplies.....	2,018.94	
Printing.....	1,413.19	
Salaries.....	58,501.56	
Travel.....	1,110.02	

Total Expense..... 124,002.84

Excess of Income over Expense—For Year Ended December 31st, 1955..... 1,822.48

GENERAL FUND—SURPLUS ACCOUNT

January 1st, 1955 to December 31st, 1955

January 1st, 1955—Balance to Credit of Account.....	\$13,131.40
<i>Addition</i>	
Excess of Income over Expense—For Year Ended December 31st, 1955.....	1,822.48
December 31st, 1955—Balance to Credit of Account.....	<u>14,953.88</u>

CONSOLIDATED FUND—INCOME FUNDS—INCOME AND EXPENSE STATEMENT

For Year Ended December 31st, 1955

*Income**Income from Consolidated Fund Investments**Bonds*

United States Government and Municipal.....	\$743.58	
Public Utilities, Railroads, Etc.....	1,658.53	\$2,402.11

Stocks

Preferred.....	437.66	
Common.....	8,758.19	9,195.85

Interest Special Savings Account—The Savings Bank of Baltimore.....	66.26
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	11,664.22
Less—Agencies Fees.....	<u>488.30</u>

Net Income from Distributed Investment Income.....	11,175.92
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*Income from Eugene Fauntleroy Cordell Fund Investments**Stocks*

Common.....	198.30	
Less—Agency Fee.....	9.92	188.38

Total Net Income from Investments.....	\$11,364.30
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Interest on Savings Accounts—The Savings Bank of Baltimore.....	560.46
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Other Income.....	2.50
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Total Income.....	11,927.26
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Expenses

Special Purposes.....	131.61
Library Purposes.....	5,894.32
Transfer to General Fund—General Purposes.....	<u>2,411.80</u>

Total Expense.....	8,437.73
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December 31st, 1955—Excess of Income over Expense.....	<u>3,489.53</u>
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CONSOLIDATED FUND—INCOME FUNDS BALANCE

January 1st, 1955 to December 31st, 1955

January 1st, 1955—Balance to Credit of Account.....	\$29,211.55
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Addition

Excess of Income over Expense—For Year Ended December 31st, 1955.....	3,489.53
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December 31st, 1955—Balance to Credit of Account.....	<u>32,701.08</u>
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CONSOLIDATED FUND—INCOME FUNDS
RECEIPTS, EXPENDITURES AND BALANCES
January 1st 1955 to December 31, 1955

FUND	BALANCES JANUARY 1st, 1955	RECEIPTS				EXPENDITURES				BALANCES—DECEMBER 31st, 1955 REPRESENTED BY					BALANCES DECEMBER 31st, 1955	
		Interest on Savings Account	Income from Investments		Other Income	Sub-Total	Special Purposes	Library Purposes	Transfers to General Fund	Additions						
			Distributive share	Direct						Savings account balances	Unin- vested cash	Invest- ments	Un- deposited receipts			
														per cent		amount
Baker.....	\$24.62	\$.65	.62	\$69.29		\$94.56		\$60.95			\$17.02			\$16.59		\$33.61
Barker, Jewelllys F.....	14.41	.60	.38	42.47		57.48		41.14			6.17			10.17		16.34
Bowen, Josiah S.....	2,037.97	53.07	8.51	951.08		3,042.12			\$629.00		2,185.37			227.75		2,413.12
Bressler, Frank C.....	518.69	13.81	1.72	192.23		724.73					678.70			46.03		724.73
Cordell, Eugene Fauntle- roy.....	5,710.60	43.46	3.50	391.16	\$188.38	6,333.60					2,112.86	\$55.87	\$4,071.20	93.67		6,333.60
Cowles, Nellie N.....	56.10	1.50	.72	80.46		138.06		27.20			91.59			19.27		110.86
Ellis, Charles M.....	—	—	4.32	482.80		482.80			482.80		—			115.61	\$115.61	—
Finney, John M. T.....	1,200.52	34.91	8.06	900.78		2,138.71		876.29			1,046.72			215.70		1,262.42
Frick, William F.....	778.14	24.88	14.41	1,610.44	\$2.30	2,413.46		2,064.82			2,027.82			385.64		348.64
Friedenwald, Julius.....	255.13	6.80	.72	80.47		342.40					323.13			19.27		342.40
Harlan, Herbert.....	16.89	.78	.73	81.59		99.26		66.57			13.15			19.54		32.69
McClary, Standish.....	122.66	3.43	.72	80.47		206.56		95.62			91.67			19.27		110.94
Osler Endowment.....	947.94	25.80	1.34	149.75		1,123.49					1,087.63			35.86		1,123.49
Osler Testimonial.....	1,274.24	36.60	7.44	831.49		2,142.33		543.90			1,399.32			199.11		1,598.43
Rubrah, John.....	13,283.37	229.82	39.14	4,374.25		17,887.44		1,605.21	1,300.00		8,884.76		5,050.00	1,047.47		14,982.23
Stokes, William Royal.....	1,315.13	39.13	2.97	331.92		1,686.18		512.62			1,094.08			79.48		1,735.56
Trimble, Isaac Ridgeway.....	878.03	24.33	2.53	282.76		1,185.12	\$131.61				985.80			67.71		1,053.51
Woods, Hiram.....	777.11	20.89	2.17	242.51		1,040.51					982.44			58.07		1,040.51
Totals.....	29,211.55	560.46	100.00	11,175.92	188.38	41,138.81	131.61	5,894.32	2,411.80		23,028.23	55.87	9,121.20	2,676.21	2,180.43	32,701.08

CONSOLIDATED FUNDS—AMOUNTS IN PRINCIPAL FUND

December 31st, 1955

FUND	PURPOSE	BALANCE JANUARY 1ST, 1955	NET LOSS ON SALE OF SECURITIES YEAR 1955	BALANCE DECEMBER 31ST, 1955
Baker.....	Books on Materia Medica.....	\$1,022.94	\$1.22	\$1,021.72
Barker, Lewellys F.....	Library.....	613.43	.74	612.69
Bowen, Josiah S.....	General.....	13,899.67	16.67	13,883.00
Bressler, Frank C.....	General.....	2,822.90	3.37	2,819.53
Cordell, Eugene Fauntleroy.....	Relief of Widows and Orphans.....	5,708.52	6.86	5,701.66
Cowles, Nellie N.....	Library.....	1,177.03	1.41	1,175.62
Ellis, Charles M.....	General.....	7,062.17	8.46	7,053.71
Finney, John M. T.....	Books, Journals and Lectureships on Surgery	13,163.05	15.79	13,147.26
Frick, William F.....	Maintenance Frick Library, Purchase Books and Journals.....	23,543.02	28.24	23,514.78
Friedenwald, D. Julius.....	Maintenance of Friedenwald Room.....	1,177.03	1.41	1,175.62
Harlan, Herbert.....	Books on Ophthalmology.....	1,194.48	1.43	1,193.05
McCleary, Standish.....	Lectureships and Books on Pathology.....	1,177.03	1.41	1,175.62
Osler Endowment.....	Permanent Endowment for Books and Build- ings, by Request of Dr. Osler.....	2,190.44	2.63	2,187.81
Osler Testimonial.....	Medical Books and Maintenance of Osler Hall	12,146.27	14.58	12,131.69
Ruhrah, John.....	Library, Books and Journals, etc.....	63,941.30	76.69	63,864.61
Stokes, William Royal.....	Lectureships and Books on Bacteriology.....	4,849.83	5.82	4,844.01
Trimble, Isaac Ridgeway.....	Lectureships only.....	4,141.31	4.96	4,136.35
Woods, Hiram.....	General.....	3,533.55	4.25	3,529.30
		<u>163,363.97</u>	<u>195.94</u>	<u>163,168.03</u>

PROFIT OR LOSS ON SECURITIES SOLD, EXCHANGED OR REDEEMED

During Year Ended December 31st, 1955

AMOUNT	DESCRIPTION	SALES PRICE	COST	PROFIT OR LOSS
BONDS				
2,000.00	Baltimore and Ohio Railroad Company First Mortgage 4%, Series "A", due July 1st, 1975.....	\$2,128.56	\$2,100.00	\$28.56
2,000.00	Baltimore and Ohio Railroad Company First Mortgage 5%, Series "B", due July 1st, 1975.....	2,120.00	2,047.98	72.02
3,000.00	Baltimore and Ohio Railroad Company Refunding and General Mort- gage 5%, Series "K", due March 1st, 2000.....	3,196.99	3,000.00	196.99
1,000.00	City of Baltimore Harbor 4%, due October 1st, 1955.....	1,000.00	1,255.00	-255.00
1,000.00	United States of America Savings, Series "G", due May 1st, 1955.....	1,000.00	1,000.00	—
700.00	United States of America Savings, Series "G", due June 1st, 1955.....	700.00	700.00	—
500.00	United States of America Savings, Series "G", due July 1st, 1955.....	500.00	500.00	—
2,000.00	United States of America Treasury 2 $\frac{7}{8}$ %, due March 15th, 1960.....	2,000.00	2,231.00	-231.00
STOCKS				
<i>Shares</i>				
.35	Eastman Kodak Company.....	\$16.62	\$16.62	—
.50	Pennsylvania Power and Light Company 4.40% Cumulative Pre- ferred.....	52.82	60.33	-7.51
.20	United States Fidelity and Guarantee Company.....	14.81	14.81	—
<i>Rights</i>				
94	American Telephone and Telegraph Company.....	306.52	306.52	—
108	Bethlehem Steel Corporation.....	234.88	234.88	—
		<u>13,271.20</u>	<u>13,467.14</u>	<u>-195.94</u>

FUNDS INVESTED IN FIXED ASSETS—PRINCIPAL

December 31st, 1955

January 1st, 1955—Balance to Credit of Account..... \$395,702.13

Additions

January 15th, 1955—5 14" Pres-To-Line Typing Systems.....	\$200.23	
January 27th, 1955—1 Model 60 Protectograph, # T608R1746.....	111.90	
February 4th, 1955—1 14" Pres-To-Line Typing System.....	40.45	
March 31st, 1955—1 5 Finger Counter for M/1700.....	23.29	
March 14th, 1955—1 Do/More Chair—Gray—# 771.....	38.25	
April 22nd, 1955—2 4 Drawer Letter Files—Gray.....	147.90	
May 2nd, 1955—2 Typewriter Desks—Gray.....	\$325.55	
—1 Secretary Desk—Gray.....	155.55	481.10
June 28th, 1955—1 4 Drawer Letter File—Gray.....	88.62	
August 10th, 1955—1 Adding Machine—# P104613D.....	177.60	
November 25th, 1955—1 Used Graphotype 6281—VV # 32574D.....	414.04	1,723.38
		<u>397,425.51</u>

Deduction

August 10th, 1955—1 Adding Machine Traded-In—Estimated Cost.....	120.00
December 31st, 1955—Balance to Credit of Account.....	<u>397,305.51</u>

BUILDING FUND—PRINCIPAL

January 1st, 1955 to December 31st, 1955

January 1st, 1955—Balance to Credit of Account..... \$67,505.07

Additions

Assessments.....	\$11,555.00	
Payments on Pledges.....	225.00	
Interest on Investments.....	\$1,134.66	
Interest on Savings Account—The Savings Bank of Baltimore.....	43.79	1,178.45
		<u>12,958.45</u>
December 31st, 1955—Balance to Credit of Account.....		<u>80,463.52</u>

CONTINGENT FUND

January 1st, 1955 to December 31st, 1955

INCOME

January 1st, 1955—Balance to Credit of Account..... \$1,209.26

Additions

Dividends.....	\$324.25	
Interest—United States Government Bonds.....	62.50	
—Savings Account.....	22.29	409.04
		<u>1,618.30</u>

Deduction

Agency Fee.....	25.00
December 31st, 1955—Balance to Credit of Account.....	<u>1,593.30</u>

PRINCIPAL

January 1st, 1955—Balance to Credit of Account.....	9,428.42
No Changes during Year.....	—
December 31st, 1955—Balance to Credit of Account.....	<u>9,428.42</u>

MEDICAL ANNALS FUND

January 1st, 1955 to December 31st, 1955

January 1st, 1955—Balance to Credit of Account.....		\$888.70
<i>Additions</i>		
Interest on Savings Account.....	\$110.00	
Receipts from Sale of Annals.....	9.20	119.20
		<hr/>
December 31st, 1955—Balance to Credit of Account.....		<u>1,007.90</u>

HARVEY G. BECK LECTURESHIP FUND

January 1st, 1955 to December 31st 1955

INCOME

January 1st, 1955—Balance to Credit of Account.....		\$197.03
<i>Additions</i>		
Dividends.....	\$117.00	
Interest—Savings Account.....	6.77	123.77
		<hr/>
		320.80
<i>Deduction</i>		
Agency Fee.....		5.85
		<hr/>
December 31st, 1955—Balance to Credit of Account.....		<u>314.95</u>

PRINCIPAL

January 1st, 1955—Balance to Credit of Account.....		2,030.40
<i>Deduction</i>		
To reduce Cost of Investment for Sale of 13 Rights American Telephone and Telegraph Company During 1954.....		31.85
		<hr/>
December 31st, 1955—Balance to Credit of Account.....		<u>1,998.55</u>

BALANCE SHEET—DECEMBER 31ST, 1955

ASSETS

General Funds

Cash—Maryland Trust Company.....	\$13,646.89
—Petty Cash Fund.....	100.00
	\$13,746.89
<i>Due from Consolidated Fund—Income Funds</i>	
Charles M. Ellis Fund.....	115.61
William F. Frick.....	2,064.82
Special Savings Account.....	1.00
	2,181.43
Account Receivable—Employee—For Maryland Hospital Service.....	2.50

Total General Fund Assets.....\$15,930.82

Consolidated Fund—Income Funds

Cash—The Savings Bank of Baltimore.....	23,028.23
—Undeposited Receipts.....	2,676.21
—The Savings Bank of Baltimore—Special Account.....	1.00
Uninvested Cash—Held by Maryland Trust Company—Eugene Fauntleroy Cordell Fund.....	55.87
	25,761.31

Investments

Maryland Medical Service, Inc.....	5,050.00
Common Stocks.....	4,071.20
	9,121.20

555

Total Consolidated Fund—Income Funds—Assets.....34,882.51

Consolidated Fund—Principal

Uninvested Cash—Held by Maryland Trust Company.....	325.78
—Held by Mercantile-Safe Deposit and Trust Company.....	1,328.55
	1,654.33

Investments—Cost

United States Government and Municipal Bonds.....	34,596.91
Public Utilities, Railroads, etc. Bonds.....	41,393.36
Preferred Stocks.....	10,022.58
Common Stocks.....	75,500.85
	161,513.70

Total Consolidated Fund—Principal—Assets.....163,168.03

Funds Invested in Fixed Assets (No Depreciation Provided)

<i>Real Estate—Cost</i>	
Property—1209-11-13 Cathedral Street—In Fee.....	110,635.76
Annex Property—1215-17 Cathedral Street—In Fee.....	19,118.95
	129,754.71

Personal Property—Appraisal Figures at December 31st, 1949

and Additions at Cost	
Library Books and Journals.....	231,370.00
Office, Library, Household Fixtures, Antiques and Museum Pieces.....	22,180.80
Portraits.....	14,000.00
	267,550.80

Total Funds Invested in Fixed Assets.....397,305.51

Forwarded.....611,286.87

LIABILITIES AND FUNDS

General Funds

<i>Liabilities</i>	
Account Payable—American Medical Association—Dues Collected.....	\$25.00
<i>Designated Funds</i>	
For Library Account—Books and Journals.....	\$80.32
For Geriatrics Committee.....	78.00
For Dental Books.....	18.29
	176.61
Withholding Tax—United States—December, 1955.....	611.40
—Maryland—Fourth Quarter, 1955.....	163.93
	775.33
Total General Fund Liabilities.....	976.94
General Fund Surplus.....	14,953.88

Total General Fund Liabilities and Surplus.....\$15,930.82

Consolidated Fund—Income Funds

<i>Liabilities</i>	
Due to General Fund—From Charles M. Ellis Fund.....	115.61
—From William F. Frick.....	2,064.82
—From Special Savings Account.....	1.00
	2,181.43

Total Consolidated Fund—Income Funds—Liabilities.....2,181.43

Consolidated Fund—Income Funds—Balance.....32,701.08

Total Consolidated Fund—Income Funds—Liabilities and Balance.....34,882.51

Consolidated Fund Principal

Designated Funds.....	163,168.03
-----------------------	------------

Total Consolidated Fund—Principal.....163,168.03

Funds Invested in Fixed Assets

Principal.....	397,305.51
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Total Funds Invested in Fixed Assets—Principal.....397,305.51

Forwarded.....611,286.87

ASSETS—Continued

Brought Forward.....	\$611,286.87
<i>Building Fund</i>	
Cash—First National Bank—Checking Account... \$1,299.15	
—Savings Account... 66.04	
—The Savings Bank of Baltimore... 2,096.29	\$3,461.48
—Undeposited Receipts.....	555.00
	\$4,016.48
<i>Investments—Cost</i>	
United States Government Bonds.....	57,356.30
Public Utilities, Railroads, etc. Bonds.....	19,090.74
	76,447.04
Total Building Fund Assets.....	80,463.52
<i>Contingent Fund—Income</i>	
Cash—The Savings Bank of Baltimore.....	1,112.96
Due from Contingent Fund—Principal.....	480.34
	1,593.30
Total Contingent Fund—Income Assets.....	1,593.30
<i>Contingent Fund—Principal</i>	
Uninvested Cash—Maryland Trust Company.....	61.65
<i>Investments—Cost</i>	
United States Government Bonds.....	2,500.00
Common Stocks.....	7,347.11
	9,847.11
Total Contingent Fund—Principal—Assets.....	9,908.76
<i>Medical Annals Fund</i>	
Cash—Union Trust Company of Maryland.....	1,007.90
Total Medical Annals Fund Assets.....	1,007.90
<i>Harvey G. Beck Lectureship Fund—Income</i>	
Cash—The Savings Bank of Baltimore.....	314.95
Total Harvey G. Beck Lectureship Fund—Income Assets.....	314.95
<i>Harvey G. Beck Lectureship Fund—Principal</i>	
Uninvested Cash—Maryland Trust Company.....	76.57
<i>Investments—Cost</i>	
Common Stock.....	1,921.98
Total Harvey G. Beck Lectureship Fund—Principal—Assets.....	1,998.55
Total Assets.....	706,573.85

LIABILITIES AND FUNDS—Continued

Brought Forward.....	\$611,286.87
<i>Building Fund</i>	
Principal.....	\$80,463.52
Total Building Fund—Principal.....	80,463.52
<i>Contingent Fund—Income</i>	
Balance.....	1,593.30
Total Contingent Fund—Income Balance.....	1,593.30
<i>Contingent Fund—Principal</i>	
<i>Liabilities</i>	
Due to Contingent Fund—Income.....	480.34
Contingent Fund—Principal.....	9,428.42
Total Contingent Fund—Principal—Liabilities and Principal.....	9,908.76
<i>Medical Annals Fund</i>	
Principal.....	1,007.90
Total Medical Annals Fund—Principal.....	1,007.90
<i>Harvey G. Beck Lectureship Fund—Income</i>	
Balance.....	314.95
Total Harvey G. Beck Lectureship Fund—Income Balance.....	314.95
<i>Harvey G. Beck Lectureship Fund—Principal</i>	
Principal.....	1,998.55
Total Harvey G. Beck Lectureship Fund—Principal.....	1,998.55
Total Liabilities and Funds.....	706,573.85

CERTIFICATE

THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND,
1211 CATHEDRAL STREET,
BALTIMORE 1, MARYLAND.

GENTLEMEN:

We have made an audit of the records in the office of the Treasurer of The Medical and Chirurgical Faculty of the State of Maryland for the year ended December 31st, 1955. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances, with the exception of the verification of membership dues.

In our opinion, the Exhibits, together with the comments in this report, presently fairly the financial position of the Faculty as of December 31st, 1955, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Respectfully Submitted,

WOODEN, BENSON & WALTON
Certified Public Accountants,
Members American Institute of
Accountants

FISCAL FACTS*

of the

Medical and Chirurgical Faculty
of the State of Maryland

Being a re-cast of the Budget for the 1956 Fiscal Year

Estimated Income—Fiscal Year, 1956—by Source			Office Supplies, office equipment and		
From Dues	\$ 81,250.00	60.7%	printing	3,862.00	2.9%
From Journal advertising	24,300.00	18.2%	Miscellaneous	7,090.00	5.3%
From Invested Funds	11,629.00	8.7%	Other:		
From Annual and Semi-annual Meetings	7,115.00	5.3%	Legal Fees	\$1,500.00	
From Baltimore City Medical Society			Taxes	2,600.00	
and Dental Society	4,925.00	3.7%	Travel	1,400.00	
From Rentals	4,750.00	3.4%	Service to Committees	750.00	4.6%
	\$133,969.00	100.0%		\$133,969.00	100.0%
Estimated Disbursements—Fiscal Year, 1956—by Function and Object			Cost of Journal*		
Administrative, secretarial and clerical			Less Revenue from Advertising	24,300.00	
salaries	\$ 37,331.00	27.9%			
Publication of Journal*	31,100.00	23.2%		\$ 6,800.00	
Maintenance of Library	18,357.00	13.7%	Less cost of Transactions (formerly		
Maintenance of Property	11,379.00	8.5%	separately printed, now published		
Postage, telephone, light and heat	8,800.00	6.6%	in Journal)	800.00	
Meetings, Annual and Semi-annual**	9,800.00	7.3%			
				\$ 6,000.00	
			Cost per member (2,690 members)	2.23	

* Printed in leaflet form and mailed to all members with the Annual Meeting Program.

** Of this amount \$7,115.00 is to be collected from sale of exhibit space and from other sources, leaving net cost to the Faculty of \$2,685.00 for Annual and Semi-Annual Meetings.

COUNCIL

Mr. President and Members of the House of Delegates:

During the past year, from April 1, 1955 through March 8, 1956, there have been six Executive Committee meetings, five

meetings of the Council and the Executive Committee has made many decisions by telephone or written memoranda.

The House of Delegates, in 1955, referred certain requests of Committees to the Council, and the following are the completed actions on such referrals:

(a) American Medical Education Foundation. The Council authorized sending out one letter to the members at Faculty expense.

(b) Postgraduate Education. This Committee is functioning as directed.

(c) Essay Contest Committee. Dr. Amos R. Koontz, Chairman. (National Association of Physicians and Surgeons.) The Faculty is offering a \$50. U. S. Savings Bond for the first prize; \$25. U. S. Savings Bond for second and third prizes.

(d) Accreditation of Hospitals Report. This report was approved after the Council recommended two or three changes in wording or thought.

The Council, at the request of the Automotive Crash Injury Research, approved the expansion of this study into other counties (Harford, Carroll and other sections of Baltimore County) and asked the designated Components to cooperate in the study. This was done. The Board of Governors of the Automobile Club of Maryland presented a Special Safety Citation to the Faculty for its interest and cooperation in the Automotive Crash Injury Research, conducted by Cornell University Medical College, and letter of appreciation have been received from the officials of the Automotive Crash Injury Research. This cooperation by the designated Component Societies will have far-reaching results in preventing automobile accidents. The Council also appreciates the efforts of our members whose work in this Research earned for the Faculty the Citation and recognition in this worthy endeavor.

Legislation on the following have been discussed by the Council:

Reinsurance Bill.

Bricker Amendment.

Doctor Draft (Long Amendment).

Insurance Coverage for dependents of members of Armed Forces HR 7994.

Social Security HR 7225.

Dr. Karl F. Mech, Chairman of our Legislative Committee has reported regarding other legislation in which the Faculty is interested.

The Faculty has been represented, upon request, at the following meetings:

State-Wide Public Health Association.

Fifth National Conference on Physicians and Schools.

Mental Health Conference, Chicago.

A.M.A. Regional Legislative Conference, New York.

Our American Medical Association Delegates and Mr. Marden went to two A.M.A. meetings. Mr. Kirkman went in June only.

Mr. G. C. A. Anderson met with the Executive Committee to explain the increase in malpractice suits, methods of settlement, and the importance of members cooperating with a conferee who is sued, not only in attending panel meetings but in giving time in Court, if necessary. The procedure for granting defense has been slightly changed. The Secretary reviews the request and refers it to Mr. Anderson, and final

action is taken by Council in accordance with the Constitution and By-Laws. This eliminates referring to the Executive Committee and expedites the sending of the data to Mr. Anderson. There have been nine requests for Physicians' Defense and as these members were in good standing, the Council authorized defense. Mr. Anderson has reported to the Council on the outcome of fourteen cases concluded during the year.

Mr. G. C. A. Anderson was again asked to be counsel for the Faculty.

Under Maryland Law there are various Boards for which we are responsible to make recommendations for appointment to the Governor. During the past year a vacancy occurred on the Physical Therapy Board. Dr. Wetherbee Fort was appointed.

The Council approved the appointments made by the Chairman of the Council to the Maryland Medical and the Maryland Hospital Service, Inc. These appointments were for members to:

- (1) Corporate Members to the Maryland Hospital Service, Inc.
- (2) Class "A" Members of the Maryland Medical Service, Inc.
- (3) Reference and Appeals Committee.
- (4) Medical Relations Committee. (Selected from Reference and Appeals Committee.)

In the future the Chairman will submit to Council each year, at the fall meeting, a list of appointees to fill the vacancies indicated by the Maryland Medical and Maryland Hospital Service, Inc. The Council will then have three months to revise the list if it desires to do so.

Dr. Robert H. Riley was notified that Doctors Page C. Jett and James T. Marsh would accept reappointment on the Council on Medical Care of the State Department of Health.

Duties of Mr. Marden were indicated, and Mr. Kirkman was designated as Administrative Consultant. Office and Library Personnel problems were discussed and recommendations of Dr. Krause for the Library Committee were considered.

The Civil Defense authorities of Baltimore City asked that they be permitted to designate the Medical and Chirurgical Faculty Building as a Casualty Station and the request has been approved.

In the interim of the House of Delegates meetings, often there is a need or a request for a study of a specific problem and the Council authorizes the appointment of a Committee. Following is a list of Committees which have been approved:

- (a) Group Disability Insurance of the Charles O. Finley Co. (Committee has reported and been discharged.)
- (b) Committee to Investigate the Establishment of Preceptorships for Medical Students under the Auspices of the Medical and Chirurgical Faculty. (Committee has reported and been discharged.)
- (c) Committee to Investigate Malpractice Insurance Problem.
- (d) Committee to Study Liaison Between the Medical Profession and Maryland General Assembly.
- (e) Committee to Study Problems of Mutual Interest to the Medical and Chirurgical Faculty and the Maryland Pharmaceutical Association.

(f) Committee to make Survey of Committees.

(g) Committee to Investigate the Status of Material Compiled by Dr. Ruhrah in Volume II, Medical Annals.

Due to the resignation of Dr. R. Walter Graham, Jr., the National Advisory Committee requested the Faculty to submit three names from which it could make its selection to fill the vacancy. As a result of complying with this request, Dr. John W. Parsons was appointed to the Maryland State Advisory Committee to the Selective Service System.

At the request of Council, the Committee on Industrial Health complied with the request of the President's Committee on Employment of the Physically Handicapped, and submitted the name of Dr. Raymond M. Curtis for recommendation for citation from Maryland.

On occasions the Component Societies have either reported information or requested information or advice, and it is hoped that the replies have been of some assistance in settling the local problems.

The allowed expense for the A.M.A. Delegates was increased so that the Delegates may be compensated for transportation, hotel room and \$10.00 per day to cover meals and incidentals.

The Executive Committee was advised by Dr. Diggs and Mr. Marden that an informal arrangement had been made with the hospitals in Baltimore City whereby all of the members of the respective house staffs would become members of the Baltimore City Medical Society and the Medical and Chirurgical Faculty, and their dues, which would run concurrently with their internships, would be paid by the respective hospitals. It was explained that some of these members would be Active, and some would be Associate members and that the Active members would be eligible for Physicians' Defense. It was pointed out that, at first, it might appear that this arrangement might create some technical difficulties because of the By-Laws provision that dues must be paid prior to January 31st to be eligible for Physicians' Defense, whereas, each hospital would not be able to pay these dues until it was cognizant of the personnel of its staff for the next internship year, which generally begin on July 1st, or later. However, it was felt that, as long as the agreement was operative, each hospital was, in effect, committed at all times to pay the dues for its staff; therefore, these dues should be considered as being constructively received prior to January 31st, and such Active members should be eligible for Physicians' Defense.

The Council considered impractical the request of Mrs. Esther Gay LeVan, President of the Woman's Auxiliary, that one of the office secretaries be specifically assigned to the Auxiliary. It was the feeling that assistance should be given to the State and Baltimore City Auxiliaries and that requests for secretarial and clerical assistance should be taken up by the Auxiliary with the Director. Mrs. LeVan also requested specific instructions in regards to Public Relations and Legislation and it was recommended to her to refer matters regarding policy to the Advisory Committee to the Woman's Auxiliary.

As requested by the Woman's Auxiliary to the Baltimore City Medical Society, the meeting room on the lower floor was allocated to the Auxiliary for their meetings and other affairs and the Faculty painted the room.

Several suggestions for amending the Constitution and By-

Laws were referred to the Committee on this subject. The Council considered that it might be desirable to have the advice of a Parliamentarian at the meetings of the House of Delegates and referred this to the Committee on Constitution and By-Laws, which Committee recommended that the Chairman of the Council appoint a Parliamentarian if the Council requests him to do so.

The procedure for the payment of assessments was set up by Council and cards, letters, etc., were sent to members in notification that assessment should be paid by January 31st to ensure receiving Physicians' Defense, in accordance with the Constitution and By-Laws.

A policy for crediting payment of Building Fund pledges was indicated and the Component Societies were to be notified.

To comply with the request of the American Medical Association that the Faculty have a Chairman for Medical Education Week, Dr. William S. Stone, Chairman of the American Medical Education Foundation Committee was asked to serve in this capacity.

The Council at its December meeting reelected for 1956, Dr. Whitmer B. Firor as Vice Chairman and Dr. Warfield M. Firor as Chairman.

An expression of appreciation was extended to two members of the Council whose tenure of office expired in December: Dr. Charles R. Austrian, who has completed twenty-five years of uninterrupted service on the Council, and Dr. Walter D. Wise, who has been a member for fifteen years as Secretary, President, Chairman and Councilor.

Dr. Charles R. Austrian, at the request of Council, has written the Resolution on the death of Dr. J. Albert Chardard. The Council suggests that this Resolution be spread on the minutes of this meeting of the House of Delegates.

Appointment of Committee to Advise the Woman's Auxiliary. ON MOTION OF DR. WARDE ALLAN, SECONDED BY DR. H. HULL, THE COUNCIL RECOMMENDS TO THE HOUSE OF DELEGATES THAT THE EXECUTIVE COMMITTEE OF THE FACULTY BE THE ADVISORY COMMITTEE TO THE WOMAN'S AUXILIARY TO THE FACULTY.

Emeritus Members. THE COUNCIL RECOMMENDS TO THE HOUSE OF DELEGATES THAT THE FOLLOWING DOCTORS BE MADE EMERITUS MEMBERS:

ALAN C. WOODS	} Baltimore City
JOHN MCF. BERGLAND	
L. CLARENCE COHN	
LOUIS H. DOUGLASS	
WILLIAM LAWRENCE MILLEA	
BENJAMIN TAPPAN	} Baltimore County
JOHN T. RUSSELL, Anne Arundel County	
ELIJAH E. NICHOLS	
ROBERT H. RILEY	

It gives me pleasure to inform you and to extend the felicitation of this body to the following physicians who have been Active members of the Medical and Chirurgical Faculty for fifty years and now are extended all the privileges of membership without payment of dues:

DR. RONALD T. ABERCROMBIE, Baltimore
 DR. ERNEST H. GAITHER, Baltimore
 DR. ANDREW C. GILLIS, Baltimore

DR. ARLINGTON G. HORINE, Brunswick
 DR. GEORGE S. M. KIEFFER, Baltimore
 DR. EMIL NOVAK, Baltimore
 Respectfully submitted,
 WARFIELD M. FIROR, M.D., *Chairman*

DELEGATE TO THE AMERICAN MEDICAL ASSOCIATION

Mr. President and Members of the House of Delegates:

The annual meeting of the American Medical Association was held in Atlantic City from June 6 to 10, 1955 and the Clinical Session was held in Boston from November 29 to December 2, 1955.

The noteworthy features of the Annual Meeting were:

I. The election of Dr. Dwight A. Murray, formerly Chairman of the Board of Trustees, as President-Elect for 1956.

II. The handling of the Study of Relations between Osteopathy and Medicine was temporarily suspended by the following Reference Committee report.

"1) That the report of the Committee for the Study of Relations Between Osteopathy and Medicine be received and filed; and that the Committee be thanked for its diligent work, and be discontinued.

"2) That if and when the House of Delegates of the American Osteopathic Association, their official policy-making body, may voluntarily abandon the commonly so-called 'osteopathic concept,' with proper deletion of said 'osteopathic concept' from catalogs of their colleges; and may approach the Trustees of the American Medical Association with a request for further discussion of the relations of Osteopathy and Medicine, then the said Trustees shall appoint another special committee for such discussion."

This was the minority report and it was sustained by a majority vote of the House of Delegates.

III. Medical Ethics, as usual, came to the fore. Many resolutions were submitted in regard to physicians dispensing drugs and selling appliances. The conclusions reached were nothing more than stating broad principles and were contained in an amendment to the Code of Ethics, namely:

"SEC. 8.—It is not unethical for a physician to prescribe or supply drugs, remedies or appliances as long as there is no exploitation of the patient."

IV. The Internship Approval Programs were reviewed and the Council on Medical Education and Hospitals was requested to consider the report of the Ad Hoc Committee on Internships and take into account specific recommendations—namely—the "one-fourth rule" and study what constitutes a sound internship year.

V. Hospital Accreditation:—There was widespread dissatisfaction with the present functioning of the Joint Commission on the Accreditation of Hospitals. A special committee was appointed to investigate the various complaints, and to review the functions of the Commission. A report is to be made at the Annual Meeting in June 1956.

VI. Polio vaccine:—The House of Delegates reaffirmed the present methods of the introduction of new methods in

the prevention and treatment of disease. This was purely criticism of the methods employed in announcing Dr. Salk's results but not any criticism of Dr. Salk personally. It was also urged that all production and distribution of polio vaccine be outside of any Federal agency.

The Clinical Session was again a large, well attended and well run meeting. The clinical programs could not be attended by your delegate because he was again a member of the Reference Committee on Medical Education and Hospitals. Most of our time was taken up with a review of the "Essentials for Internship." There were several long and, often, loud meetings of this Committee and, I think, the final draft of the essentials should be acceptable to most of us.

The one single item that provoked most discussion and wide magazine and editorial comment was the "Report on Medical Practices" which is paraphrased below.

"The House passed a substitute resolution by the Reference Committee on Insurance and Medical Service to implement the findings and recommendations of the Committee on Medical Practices (Truman Committee), which studied the basic causes leading to certain unethical practices and unfavorable publicity. The resolution, adopted with the proviso that it is subject to review by legal counsel, includes the following points:

"That a Continuing Committee on Medical Practice be created in the American Medical Association to conduct a study of the relative value of diagnostic, medical and surgical services and to report its findings and recommendations to this House in the same manner as is now followed by other committees and councils of the Association;

"That this committee shall consist of five members of the House appointed by the Speaker, three of whom shall be general practitioners; . . .

"That this committee be directed to utilize all possible means to stimulate the formation of a department of general practice in each medical school;

"That the American Medical Association approve of the medical school teaching programs which afford the medical student opportunity for experience in the general practice of medicine;

"That the representatives of the American Medical Association on the Joint Commission on Accreditation of Hospitals be instructed to stimulate action by that body leading to the warning, provisional accreditation or removal of accreditation of community or general hospitals which exclude or arbitrarily restrict hospital privileges for generalists as a class regardless of their individual professional competence, after appeal to the Commission by the County Medical Society concerned;

"That this committee cooperate in every way and assist the Public Relations Department of the American Medical Association to present a program of public education designed to bring about a better understanding of all fields of medical practice, and

"That this committee use its full influence to discourage any arbitrary restrictions by hospitals against general practitioners as group or as individuals."

In a complementary action on the same subject, the House

also approved a supplementary report of the Board of Trustees which included the following suggestions:

1. All non-surgical groups should be asked for their suggestions and cooperation in carrying out a public education program on the value of diagnostic and medical work.
 2. The various specialty boards should be encouraged to reappraise the practice restrictions on their board diplomats.
 3. The American Medical Association should continue to discourage arbitrary restrictions by hospitals against general practitioners.
 4. Organized medicine is "ready, willing and able to solve satisfactorily its own problems, and such assurance should be given to the American Hospital Association or any other group concerning itself with such problems."
- Your Delegate was appointed to this Continuing "Committee on Medical Practices" and is to serve as its Chairman for three years.

The House of Delegates also recommended that the Board of Trustees give consideration to a dues increase for all Association members, with the increase designated for contribution to the American Medical Education Foundation;

Adopted a resolution on the practice of pathology declaring opposition to "the division of any branch of medical practice into so-called technical and professional services;"

Recommended that further purchase and distribution of Salk polio vaccine be carried on by the presently available commercial avenues used for other immunizing agents, and that all vaccines, once proven, should enter the usual channels of distribution;

Approved appointment of an A.M.A. committee to study the prevention of highway accidents.

I will sorely miss Dr. Howard Bubert as the fellow Delegate. I strongly recommend that, should we qualify for a third Delegate, he be drafted for that position. He did a grand job.

Respectfully submitted,
WARDE B. ALLAN, M.D.

DELEGATE TO THE AMERICAN MEDICAL ASSOCIATION

Mr. President and Members of the House of Delegates:

I am submitting herewith, my report as a Delegate to the American Medical Association from this Faculty for the year 1955. As you know, the annual meeting was held in Atlantic City and the interim, Clinical meeting in Boston. Actually, both of these meetings were covered in the Journal of the American Medical Association, consequently I believe that it would serve no purpose for me to try to give a great amount of detail.

Certain items of interest seem to me to be the following:
The matter of cooperating with Osteopathic Schools was favorably reported by the reference committee, involved. However, the House of Delegates adopted a minority report from that committee which was unfavorable, consequently, the final decision was in the negative. Essentially, the decision was that the Osteopaths are a cult and that the Medical Profession as represented by the A.M.A. should not cooperate with them in their schools.

Another item of interest was, a recommendation from The House to The Board of Trustees requesting them to study the possibility of adding to the dues of the A.M.A., the additional proceeds to be given to the Educational Fund. Attention was called to the fact that many states are doing more than their share and other states far less.

The House of Delegates reaffirmed a previous policy regarding Federal Aid to Medical Education as follows: "The policy of the American Medical Association shall be the indorsement of the principle of a one-time federal grant-in-aid on a matching basis, based on the Hill-Burton Act Formula and administrative machinery for construction, equipment, and renovation of the physical plants of medical schools. No part of the fund shall be used in any manner for operation expenses or salaries."

The House of Delegates again expressed opposition to mandatory inclusion of members of the medical profession under the Social Security Act.

At the Interim meeting at Boston, there was a total registration of 7,027 of which number 3,672 were physicians.

Because the proceedings of the Atlantic City meeting were published in toto in the Journal of the American Medical Association and, because the Secretary of the American Medical Association made available a summary of the Boston Clinical meeting, the summary hereto may be seen in the Faculty office. I am referring those interested to the proceedings of the annual meeting to the Journal of the A.M.A.

Respectfully submitted,
HOWARD M. BUBERT, M.D.

BOARD OF MEDICAL EXAMINERS

Mr. President and Members of the House of Delegates:

The Board of Medical Examiners of Maryland is composed of the following members whose terms expire on the dates indicated:

John E. Legge	—1956
Samuel McLanahan	—1956
Henry T. Collenberg	—1957
Norman E. Sartorius, Jr.	—1957
Lewis P. Gundry	—1958
Wylie M. Faw, Jr.	—1958
Frank K. Morris	—1959
John H. Hornbaker	—1959

As the terms of Dr. Legge and Dr. McLanahan expire in June, 1956, two members to serve until 1960 are to be elected at the meeting of the Medical and Chirurgical Faculty.

Examinations given during the year show the following results:

Applications for examination.....	509
Second year students examined.....	128
Postponed or withdrawn.....	52
Not eligible for license.....	180
Examined in second part of examination...	153
Complete examination given.....	176
Eligible for license.....	329
Passed.....	290
Failed.....	39 329

Of the thirty-nine who failed, 32 were graduates of foreign medical schools, 6 were graduates of Howard University and 1 of Meharry Medical College.

Licenses issued after examination.....	290
Licenses issued by reciprocity with other States..	97
Licenses issued in recognition of National Board Certificates.....	96
Total licenses issued.....	483
License revoked.....	3
Licentiate certified to other States.....	263
Borderline Permits issued.....	31
Copies of license issued.....	8
Foreign graduates approved for examination...	108
Foreign graduates examined.....	56
Foreign graduates failed.....	32
Written inquiries from foreign graduates.....	415
Office interviews with foreign graduates (approx.).....	200
Telephone inquiries from foreign graduates— estimated.....	250

Narcotics

During the year the Executive Committee called on the Attorney General to discuss the responsibility of the Board in connection with physicians who become drug addicts. Conferences were held with regional representatives of the Federal Bureau of Narcotics and a comprehensive explanation of physicians' duties in prescribing and dispensing narcotics was received by the Board and published in part in the Maryland Medical Journal.

Amendments to Medical Practice Act

The Board met with Dr. Mech, Chairman of the Legislative Committee for the Faculty, and Mr. Kirkman, Legislative representative, on October 4, to discuss Bills to be presented at the Session of the General Assembly to be held in February, 1956. It was voted to increase the examination fee and to add legal insanity, and addiction to drugs, as causes for revocation of license.

Foreign Graduates

The Board has received a copy of a Proposed Plan to Screen Foreign Graduates on a national scale. This Plan was suggested at the Congress on Medical Education and Licensure held in Chicago, in February, 1955. The Attorney General has ruled that there is no legal objection to the Board's participation in the Plan as outlined.

Activities

January 1, 1956 to March 20, 1956

Naturopaths

On January 3, 1956, the Police Commissioner of Baltimore City was called on and asked to investigate the practice of Naturopaths in Baltimore. It has been ruled by the Court, and affirmed by the Court of Appeals, that the practice of Naturopathy is in violation of the Medical Practice Act.

One of the leaders of this group has been arrested and is awaiting trial.

Annual Congress on Medical Education and Licensure

Dr. McLanahan, Dr. Morris and Dr. Gundry attended the Annual Congress on Medical Education and Licensure at Chicago on February 12 to 14, 1956. Many interesting papers were given and, in addition, important talks were held with the Secretary of the New York Board of Medical Examiners, and with Mr. Oliver Field of the Bureau of Investigation of the American Medical Association.

Supplementary Report

Presented May 4th, 1956

Background

This report deals entirely with recent developments concerning the Homeopathic Board. There are no more schools of Homeopathy in this Country; hence, there are no more homeopaths to be licensed except an occasional transfer from one State to the State of Maryland.

In 1954, a Bill was introduced in the State Legislature by the homeopaths, themselves, to abolish their Board. They did not push the legislation and we, the Medical and Surgical Faculty, did not oppose it; it died in Committee. The Homeopathic Board had turned their records over to the Hall of Records in Annapolis late in 1953.

In 1955, the Board of Medical Examiners, representing this Faculty, presented a Bill to the Legislature to abolish the Homeopathic Board. It was vigorously opposed by Dr. Robert H. Reddick and several members of the Homeopathic Board which had been reorganized in 1954. This Bill failed at the last moment. At that time, those of us who testified for the Bill voiced our fears that the Homeopathic Board, as then constituted, might license persons not properly qualified to practice medicine in Maryland. As you will soon see, subsequent events have not only justified these fears, but have exceeded in extent the predictions of even the most pessimistic among us. I will now attempt to summarize briefly the events of the past year in relation to the Homeopathic Board.

More Recent Events

In the early summer of 1955, we, the Board, representing the Faculty, received an opinion from the Attorney General stating that the Homeopathic Board could examine only the graduates of Homeopathic schools. We thought this might solve our problem and arranged a meeting with the Homeopathic Board to discuss the matter. After more than an hour of discussion with them we were unable to obtain any concise idea concerning the training in Homeopathy which these candidates were supposed to have. Therefore, the entire discussion came to naught.

In recent months several physicians who are now practicing in the counties have been licensed by the Homeopathic Board. Their credentials were such that they would not be satisfactory to the Board representing the Faculty. This has caused a difficult and embarrassing problem to some of the

county societies. We think, however, that a solution of these problems may be forthcoming in the near future.

Late in 1955, we received an urgent call from Mr. Oliver Field, Director of the Bureau of Investigation of the American Medical Association. He stated that an examination would be given by the Homeopathic Board in December; the candidates for this examination were 23 in number and came from two unrecognized schools in California, most of them not holding an M.D. degree. These 23 men were given a series of examinations by the Secretary of the Homeopathic Board. Other members of this Homeopathic Board furnished questions but did not actually know the examination was being given. The charge for this examination, we understand, was \$50.00. The Medical Practice Act clearly states that the charge for the written examination is \$20.00. When we questioned this charge we were told that \$20.00 was for the examination, \$5.00 for one year's dues in the Homeopathic Society and \$25.00 initiation fee. We reported this at once to the Attorney General who ordered the money refunded and that no licenses be issued as a result of this examination. The president of the Homeopathic Board had previously refused to sign any licenses in connection with this December, 1955 examination.

On March 9, 1956, we, the Board, representing the Faculty, reported the above information to the Council of this Faculty.

About March 12, 1956, Dr. Julius Chepko, the President of the Homeopathic Board, informed Dr. McLanahan that he (Dr. Chepko) had received a telegram from Dr. Reddick stating that he (Dr. Chepko) had been expelled from the Homeopathic Society and, hence, from the Homeopathic Board.

On March 28, 1956, the Homeopathic Board met in the Attorney General's office. Dr. Reddick was not present. The Board removed Dr. Reddick as Secretary and elected Dr. Edward J. Simon, of Havre De Grace, as Secretary. A letter was written requesting Dr. Reddick to turn over his records to the new Secretary of the Homeopathic Board; this he refused to do.

A few days later, Dr. Reddick was directed by the Attorney General to cancel a reciprocity meeting which had been scheduled for April 5, 1956 in Havre De Grace and announced in the Journal of the American Medical Association.

On April 8, 1956, a meeting of the Homeopathic Society was held in the Emerson Hotel and a new Board elected. Dr. Reddick was elected Secretary and Dr. Simon Virkutis, we understand, was elected President. Dr. Virkutis is a physician at the Eastern Shore State Hospital where Dr. Reddick is employed.

Early in April, 1956 a license was presented for registration by an individual at the Circuit Court of Baltimore City. This license bore the signature of Dr. Virkutis as President of the Homeopathic Board. The Attorney General ruled the license illegal and directed the Clerk of the Circuit Court not to register it. The man who presented this license is a member of the new Homeopathic Board and the new Homeopathic Board expelled from the Board those members of the former board who met in the Attorney General's office in March. A letter from the Attorney General has been sent to

the Clerk of the Circuit Court in Baltimore City and to the clerk of the Circuit Court in each county of Maryland directing them not to register licenses from this new Homeopathic Board.

The Attorney General has filed a petition for a Writ of Mandamus and Injunction in Dorchester County ordering Dr. Reddick to turn over his records. He has replied to this action and a hearing in this matter will be held on Friday, May 4, 1956.

In conclusion, we would like all County societies and the Baltimore City Medical Society—in fact, all doctors, to be on the lookout for improperly qualified physicians in their areas.

We will cooperate in every possible manner in clearing up such problems. We hope that a solution is forthcoming soon, but there is much to be done.

This is the "Mess" in Maryland.

Addendum

The Attorney General presented his case in the above hearing on Friday, May 4th, taking the entire day. Dr. Reddick's case was set for Thursday, May 17th but the case was postponed until Wednesday May 30th.

Respectfully submitted,

LEWIS P. GUNDRY, M.D., *Secretary*

Homeopathic Board

As a result of the latter talk, interest was focused on the December, 1955 examination given by the Homeopathic Board in this State. The Attorney General has been consulted about this matter and the Council of the Faculty has been informed of the situation. Developments will be awaited with interest.

Legislation

House Bill #15 authorizing an increase in the fee for written examination from \$20 to \$35 has been passed by the Legislature and signed by the Governor. This will become law on June 1, 1956.

The Board announces with sincere regret the impending resignation of Miss Hannah McCarthy who has served us so well and so faithfully for the past twenty years. Prospective candidates for this position were interviewed and Mrs. Rose F. Barry has been selected as Executive Secretary to the Board.

MEDICAL PRACTICE ACT

State Board of Medical Examiners (as of June 5, 1956)

—Henry T. Collenberg, Wylie M. Faw, Jr., John H. Hornbaker, Walter C. Merkel, Norman E. Sartorius, Jr., Samuel McLanahan, *President*; Frank K. Morris, *Vice-President*, Lewis P. Gundry, *Secretary*, 1215 Cathedral Street, Baltimore 1, Maryland.

Meetings of the Board of Medical Examiners of Maryland—The regular annual meeting is held the first Tuesday in June and other meetings are held about four times a year at such times as the discretion of the Board may determine. Special meetings are held from time to time to consider particular policies or problems.

Regular Examinations—Examinations are held in Baltimore, the third Tuesday in June for four consecutive days and the second Tuesday in December for four consecutive days.

Reciprocity or Endorsement Information—The license of the Board of Medical Examiners of Maryland is recognized for license without examination in the following States: Alabama, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia and Wisconsin.

Many States, however, have special requirements which must be met by each applicant for license by reciprocity or endorsement.

Certain other States require a year of residence in the State granting the original license after the license is issued.

Another State requires a rotating internship before license, or two years of practice after license.

West Virginia requires a baccalaureate degree.

States having Basic Science Laws may require an examination in Basic Sciences. It is well therefore, to write the State in which you are interested, to learn of these particular requirements.

Diplomates of the National Board of Medical Examiners are also admitted to license without examination.

Information connected with Medical Examinations and licensure may be obtained by addressing the Secretary, 1215 Cathedral Street, Baltimore 1, Maryland.

LIBRARY COMMITTEE AND FINNEY FUND COMMITTEE

Mr. President and Members of the House of Delegates:

The year 1955 was a difficult year for the library. Early in February the librarian, Miss Helen Wheeler, resigned because of ill health and her assistant, Mrs. Henry Berge, was appointed librarian effective June 1st, 1955. Due to the shortage of librarians and the low salary scale at the Faculty, it was impossible to fill the post of assistant librarian and cataloger left vacant by Mrs. Berge's promotion and it remained empty throughout the year. Miss Myrtle Hollins, typist and junior assistant, also resigned in the fall to be married and it was not possible to get another typist at the salary offered. Though we did get temporary help, neither of the temporary employees was a trained cataloger and the re-cataloging project, so desperately needed in bringing the library up to date and making it more efficient, was all but abandoned. The report shows a total of 433 volumes processed in 1955, as opposed to over 2200 in 1953 and 1954. During the year there were long periods when either the librarian or one assistant ran the library single-handed. Even with a full quota the library is under-staffed and with continuing shortages the library personnel are woefully handicapped.

We were fortunate to obtain the services of a good refer-

ence and periodical assistant, Miss Florence Woods, in October.

While we are plagued by staff shortages, the amount of work is steadily increasing. At the end of the year, the library received 370 journals regularly, by subscription, gift, or exchange; an increase of 45 over the year before. This means more work in adding them to the library, taking care of them, getting them bound, shelving, and having them accessible for use.

The number of books circulated to borrowers dropped slightly, but reference work has increased tremendously. The publicity folder circulated in the spring seemed to bring home to Faculty Members the fact that this service was one of the privileges of membership. For the first time, beginning in April 1955, a record was kept of the number of questions answered. In busy periods record-keeping was slighted, so chances are these figures are on the light side, however the following interesting facts emerged. From April through December, approximately 220 working days, a total of 862 ready reference questions (i.e. requiring less than a half-hour to find) were answered. In that same period 540 questions requiring prolonged research, (i.e. hours or days of search) were answered. 208 requests from county members were filled, more than 5 times as many as in 1952. These varied from simple requests for specific books or journals to compiling bibliographies and the search of old unindexed historical material.

Attendance has dropped off slightly but is more than balanced by the increased number of telephone calls.

The remaining copies of Cordell's "Annals" were sold to a dealer in medical books, as sales had so diminished that storage charges were exceeding any possible revenue. We did, however, reserve a few as replacement copies here.

The following is the statistical report for January 1 to December 31, 1955.

CIRCULATION

Circulated books.....	3,401
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ATTENDANCE

Members.....	2,103
Visiting doctors.....	54
Students.....	232
Hospital libraries.....	162
Other libraries.....	50
Others.....	440
Total.....	3,041

LIBRARY HOLDINGS

Total volumes in 1954.....	78,349
Books added, 1955.....	846
Total.....	79,195
Books withdrawn.....	10
Total vol. in Lib.....	79,185

MEDICAL LIBRARY ASSOCIATION

Issues sent on exchange.....1,203

BINDING

Journals bound, volumes.....339
Total cost.....\$1,134.65
Average cost per journal.....\$3.35

COUNTY MEMBERS

Requests filled.....208

GIFTS

Unbound journals.....7,400
Bound journals.....116
Books.....380
Reports, trans. & pamphlets.....193
Reprints.....119

Total.....8,208

SERVICES (April through Dec. only)

Names and addresses.....656
Books or journals.....1,559
Titles and Authors.....206
Professional.....540
Telephone questions.....1,357

Total.....4,318

INTERLIBRARY LOANS

	Lent	Bor.
Air Research & Div. Com.....	2	
Annapolis Public Library.....	2	
Armed Forces Med. Lib.....		12
Church Home Doctor's Lib.....	1	
City Health Dept.....	6	5
Crownsville State Hosp.....	3	
Emory Univ. of Georgia.....	1	
Enoch Pratt Free Lib.....		1
Florida State Univ. Lib.....	1	
Johns Hopkins Univ.....	3	2
Lutheran Hospital Lib.....	7	
Marquette Univ.....	1	
Md. Gen. Hosp. Lib.....	4	
Memorial Lib. Texas Med. Asn.....	1	
Natl. Inst. of Health—Bethesda.....	1	
Peabody.....		1
St. Joseph's Hosp.....	5	
Sheppard-Pratt Hosp. Lib.....	14	
Sinai Hosp. Lib.....	39	
Social Security Lib.....	5	
Springfield State Hosp.....	1	
U. S. P. H. H.....	98	
Univ. of Maryland.....	10	31
Univ. of North Carolina.....	1	
Univ. of West Va. Lib.....	1	
V. A. Hosp.—Fort Howard.....	34	

V. A. Hosp.—Loch Raven.....24
Welch Medical Library.....40 34
Wilmer.....3

CATALOGUING

Volumes processed.....433

PETTY CASH REPORT

Balance on hand—Dec. 31, 1954.....\$38.98
Received from office, refunds of express, postage,
etc.....186.46

Total.....225.44
Expenditures.....187.06

Balance on hand—Dec. 14, 1955.....\$38.38

GIFTS FOR 1955

Name	Reprints & Misc.	Reports & Pamph.	Bound Jrs.	Jrs.	Books
Abeshouse, B. S.....					1
Acton, C.....				49	
American Association of Genito Urinary Surgeons.....		1			
American Cancer Society.....		7			
American College of Radiology.....		2			
American Diabetes Association, Inc.....		1			
American Hospital Association.....					1
American Library Association.....	1				
American Medical Association.....					1
American Neurological Associa- tion.....		1			
American Surgical Association.....		1			
American Urological Association, So. Central Section.....			1		
American Urological Association, Southeastern Section.....			1		
American Urological Association, Western Section.....			2		
Anonymous.....				20	
Association of American Physi- cians.....		1			
Austrian, C. R.....				104	4
Baltimore City Health Depart- ment.....		2			
Baltimore Eye, Ear, Nose & Throat Hospital.....				146	
Bealtie, James R.....		1			
Bolton, Mrs. F. P.....		1			
Brady, L.....				59	
Brantigan, O. C.....				45	
Cain, J.....		1			
California Academy of Medicine.....		1			
Chicago Medical Book Company.....					1

GIFTS FOR 1955

Name	Reprints & Misc.	Reports & Pamph.	Bound Jrs.	Jrs.	Books
Child Research Clinic.....		1			
Coggins, J.....				125	
Conlon, C. C. Jr.....				6	
Crerar, J.....	1				
Department of Public Welfare.....		1			
Department of the Air Force.....		2			
Dept. of Health, Education and Welfare, National Institute of Health.....		5			
Dept. of Health—Communicable Disease Center.....	1				
Dept. of Mental Hygiene.....	1				
Donaldson, M. B.....		8		22	
Dunton, W. R. Jr.....	56	14		86	2
Eastman, N. J.....				20	
Elizabeth McCormick Memorial Fund.....		1			
Enoch Pratt Free Library.....			6	84	61
Erlam, H. D.....	1				
Feldman, Maurice.....	3			148	
Finnegan, J. M.....					2
Finney, George G.....					1
Fort, Wetherbee.....				5	3
Friedenwald, E.....	14	11		33	
Friedenwald, J.....		8			
Garlick, W. L.....				20	
Geraghty, F. J.....				46	
Grayson Foundation.....					1
Guttmacher, M.....					2
Harvard School of Public Health.....		1			
Hebrew Medical Journal.....				1	
Hersperger, W. G.....				90	
Hundley, J. M.....				92	
Hynson, Westcott & Dunning.....				75	1
Institute for the Crippled and Disabled.....	1				
Janney, John.....		1			
Jefferson Medical College.....		1			
Jones, Howard.....				2	
Kac, A.....				5	3
Kamiat, Arnold H.....	1				
Kirkman, W. N.....				71	
Kleiman, B.....				176	
Koontz, A. R.....				137	
Krause, L.....					3
Lahey Clinic.....	21				
Lane Medical Library.....				6	
Lederle Laboratories.....	2			11	
Levin, M. B.....	4				
Lewison, E. F.....				113	1
Life Insurance Association of America.....		1			

GIFTS FOR 1955

Name	Reprints & Misc.	Reports & Pamph.	Bound Jrs.	Jrs.	Books
Louisiana Dept. of Health.....		1			
Loyola University Library.....				1	
M. & R. Laboratories.....		1			1
Macy, Josiah Jr.....					1
Mansdorfer, G. B.....			49		
McIntosh, R.....	15				
Maryland General Hospital.....			110	679	89
Maryland Medical Journal.....				2	3
Maryland Society for the Prevention of Blindness.....		1			
Maryland Tuberculosis Association, Inc.....	3	1			
Massachusetts General Hospital.....		1			
Massoud, M. S.....					1
Medical & Chirurgical Faculty (Office).....					9
Moore, J. E.....	1		673	10	
Muscular Dystrophy Association.....	2				
M. & K. Laboratories.....					1
Myers, John.....			109		
National Foundation for Infantile Paralysis.....	2				
National Nephrosis Foundation, Inc.....	1				
New York Pathological Society.....	2				
Nierman, W. A.....			76		
Pfizer, Charles & Co., Inc.....					1
Pierpont, Ross.....			24		
Pleasants, J. H.....			10		
Prentice-Hall, Inc.....					1
Randol, C. L.....			67		
Rienhoff, Wm. Jr.....			39		
Rockefeller Institute for Medical Research.....	2				
Rothholly, A.....			100		
Rowland, M. Z.....	9				
Royal College of Physicians.....	1				
Rubin, I. C.....					1
Samuels, J.....	1				
Sands, J. P.....			116		
Schaefer, O.....			23		
Schmidt, E. C. H.....			100		
Seton Institute.....					3
Shackelford, R. T.....					1
Shamer, M. E.....			38		
Shealy, W. H.....			205	12	
Sheppard & Pratt Hospital Library.....				84	1
Shutkin, M. W.....		1			
Societa Staliana di Ortopedia E Traumatologia.....					5
Spears, I. J.....				66	

GIFTS FOR 1955

Name	Reprints & Misc.	Reports & Pamph.	Bound Jrs.	Jrs.	Books
State of Louisiana, Dept. of Health.....		1			
Stone, H. B.....	2	2			1
Strayhorn, D.....					1
Students Bookstore.....					1
Union Memorial Hospital.....				132	
U. S. Dept. of Health, Education & Welfare, National Institute of Health.....		1			2
University of Kansas, Medical Center Library.....					3
University of Pittsburgh, School of Public Health.....	1				
University of South Dakota Medical Library.....				45	
University of Texas, Library Medical Branch.....					1
Veteran's Administration Hospital, Fort Howard.....				21	
Wagner, J. A.....	1				
Walter Reed Army Medical Center.....		1			
Wells, G.....				195	
Wharton, L.....	5			95	
Williams, H.....		1			1
Williams & Wilkins Co.....			1,303		1
Wiscott, W. J.....			495		
Wolf, S. (from estate of Thomas C. Wolf).....					37
Wollenweber, H. L.....		5		743	15
Wolman, S.....				274	
Yale Medical Library.....		1			
Yeager, G. H.....		2		5	
Young, A. D.....					1
Young, B. H.....		1		9	
Zangara, H. F.....					41

Respectfully submitted,

LOUIS KRAUSE, M.D., *Chairman, Library Committee* (1960)

A. AUSTIN PEARRE, M.D. (1956)

J. ROY GUYTHER, M.D. (1957)

E. T. LISANSKY, M.D. (1958)

LESTER A. WALL, JR., M.D. (1959)

MARION W. MCCREA, D.D.S.

*Finney Fund Committee*LOUIS P. HAMBURGER, M.D., *Senior Member* (1956)

I. RIDGEWAY TRIMBLE, M.D. (1957)

HERBERT E. WILGIS, M.D. (1958)

HENRY J. L. MARRIOTT, M.D. (1959)

GEORGE G. FINNEY, M.D. (1960)

COMMITTEE ON SCIENTIFIC WORK
AND ARRANGEMENTS**Mr. President and Members of the House of Delegates:**

This Committee arranged the 1955 Annual Meeting program, and the program was published in the Transactions issue (September 1955) of the Maryland State Medical Journal.

Our recommendation that the Committee on Scientific Work and Arrangements should consist of four members and that a new member be appointed each year was authorized last year by the House of Delegates, and therefore the Constitution and By-Laws have been amended to take care of this. The Nominating Committee this year, in submitting the slate, has followed this procedure and the Committee now consists of four members and the Secretary of the Faculty.

The Committee has arranged the program for 1956, (see page 568) and at the request of the members of the Faculty and also of the Woman's Auxiliary, the time has been changed to Wednesday, Thursday and Friday, rather than having a Saturday meeting.

The total membership of the Medical and Chirurgical Faculty last year (1955) was 2,546, and the total registration at the Annual Meeting was 854.

The Semiannual Meeting, which was also arranged by this Committee with the help of the Worcester and Wicomico County Medical Societies, was held in Ocean City. There was a registration of 338. (See below.)

Our Committee would appreciate having suggestions as to new features for either the Annual or Semiannual Meeting programs, and we would also like the members to express their desire as to whether they would like the fall meeting held in one of the other counties or in Ocean City.

Respectfully submitted,

EDMOND J. McDONNELL, M.D. *Chairman*

NORMAN R. FREEMAN, JR., M.D.

SIDNEY NOVENSTEIN, M.D.

EVERETT S. DIGGS, M.D. *Secretary*, (In conformity with Constitution and By-Laws.)

PROGRAM OF THE SEMIANNUAL MEETING

*Friday, September 16, 1955**Headquarters**Commander Hotel, the Boardwalk and 14th Streets, Ocean City, Worcester County, Maryland*

Registration—9:00 a.m.

LOBBY

(All the members and their guests are urged to register so that an accurate record may be kept of the attendance.) Those who arrive on Thursday, September 15th may register that evening from 7:30 p.m. to 9:30 p.m.

Business Sessions

BEACH LOUNGE, GROUND FLOOR

Council Meeting—Thursday, September 15th, 8:30 p.m.

House of Delegates—Friday, September 16th, 9:30 a.m.

Clam Bake Luncheon—1:00 p.m.

ON THE BEACH IN FRONT OF COMMANDER HOTEL

See enclosed card for RESERVATIONS.

General Meeting—2:30 p.m.

BEACH LOUNGE, GROUND FLOOR

1. Address of Welcome. LOUIS G. LLEWELYN, M.D., President, Worcester County Medical Society.
2. Response. GEORGE H. YEAGER, M.D., President, Medical and Chirurgical Faculty of the State of Maryland.

Scientific Session

3. *The Care of the Crippled Child*. ALFRED R. SHANDS, JR., M.D., Medical Director, Alfred I. du Pont Institute and Nemours Foundation, Wilmington, Delaware; Visiting Professor of Orthopaedic Surgery, University of Pennsylvania, Philadelphia, Pennsylvania.

Cruise on "The Question Mark"—3:00 p.m. to 4:30 p.m.

Meet in the Social Room, Main Floor, and the Hostesses will make the necessary arrangements. See enclosed card for RESERVATIONS

Dance—9:30 p.m. to 1:00 a.m.

DINING ROOM, MAIN FLOOR

(Dress Optional) Hors d'oeuvres will be served. Hosts—The Medical and Chirurgical Faculty and the Worcester County Medical Society. See enclosed card for RESERVATIONS.

Woman's Auxiliary to the Medical and Chirurgical Faculty

SOCIAL ROOM, MAIN FLOOR

- 9:00–9:30 a.m. Registration
 9:30–10:30 a.m. Executive Board Meeting
 10:30–12:00 Noon. General Meeting.

A cordial invitation is extended TO ALL THE LADIES to attend this meeting.

ONE HUNDRED FIFTY-EIGHTH ANNUAL MEETING

Medical and Chirurgical Faculty of the State of Maryland

May 2, 3, and 4, 1956

ANNUAL MEETING PROGRAM

Wednesday, May 2, 1956

12:30 p.m. Woman's Auxiliary Luncheon. Sheraton Belvedere Hotel. It is suggested that the members attend this luncheon as the Auxiliary supports the Faculty, American Medical Education Foundation, etc.

SCIENTIFIC MEETINGS

Wednesday, May 2, 1956

Afternoon Session, Osler Hall

(Entrance and Exit—Maryland Avenue)

WILLIAM H. F. WARTHEN, M.D., *President*, Presiding

- 3:00 p.m. Present Status of Hypothermia in Surgery and Medicine. (Illustrated.) ROBERT D. DRIPPS, M.D., Professor and Chairman, Department of Anesthesia, University of Pennsylvania Schools of Medicine, Philadelphia, Pennsylvania.
 3:40 p.m. *John M. T. Finney Fund Lecture*. Surgical Treatment of Diseases of the Thyroid Gland. (Illustrated.) WILLIAM F. RIENHOFF, JR., M.D., Associate Professor of Surgery, The Johns Hopkins University School of Medicine.
 4:30 p.m. Adjournment.

Wednesday Evening, May 2, 1956

Osler Hall

8:00 P.M.

EVERETT S. DIGGS, M.D., *Secretary*, Presiding

Back Injuries—Their Causes and Sequelae

Panel Discussion*

Moderator: RAYMOND K. THOMPSON, M.D., Assistant Professor of Neurological Surgery,
University of Maryland School of Medicine

Participants

GEORGE E. BENNETT, M.D., Adjunct Professor Emeritus of Orthopedic Surgery, The Johns Hopkins University School of Medicine.

HARRY F. KLINEFELTER, JR., M.D., Assistant Professor of Medicine, The Johns Hopkins University School of Medicine.

WALTER V. HARRISON, Esq., Member of the Bar.

Thursday, May 3, 1956

Morning Session, Osler Hall

(Entrance and Exit—Maryland Avenue)

BEVERLEY C. COMPTON, M.D., *Vice-President*, Presiding

9:30 a.m. The Gastrointestinal Tract as a Semipermeable Membrane and its Relation to Water, Electrolytes, and Nutrient Particles. (Illustrated.) LAY MARTIN, M.D., Associate Professor of Medicine, The Johns Hopkins University School of Medicine.

10:00 a.m. Hospitalizing the Psychiatric Patient. IRVING J. TAYLOR, M.D., Medical Director, Taylor Manor Hospital, Ellicott City, Maryland.

10:30 a.m. Treatment of Peripheral Vascular Disease. (Illustrated.) RICHARD T. SHACKELFORD, M.D., Assistant Professor of Surgery, The Johns Hopkins University School of Medicine.

11:00 a.m. ELECTION OF THE BOARD OF MEDICAL EXAMINERS. (Osler Hall.)

11:15 a.m. Necrology. A. S. CHALFANT, M.D., Chairman, Memoir Committee.

11:30 a.m. The Lipid-Cholesterol Problem in Relation to Coronary Artery Disease. (Illustrated.) MARTIN L. SINGEWALD, M.D., F.A.C.P., Assistant Professor of Medicine, The Johns Hopkins University School of Medicine.

12:00 Noon. Adjournment.

Thursday, May 3, 1956

ROUND TABLE LUNCHEON

The Charles Room, Sheraton Belvedere Hotel, Charles and Chase Streets

12:30 P.M.

1. Thorazine.....FRANK J. AYD, JR., M.D.
2. Unusual Lesions of the Lower End of the Esophagus.....WEBSTER H. BROWN, M.D.
3. Diabetes.....T. NELSON CAREY, M.D.
4. Cardiac Surgery.....R. ADAMS COWLEY, M.D.
5. New Disease Entities of Gastrointestinal Tract.....MONTE EDWARDS, M.D.
6. Resistance and Sensitivities to Antibiotics.....A. MURRAY FISHER, M.D.
7. Psychiatric Consultation.....MANFRED S. GUTTMACHER, M.D.
8. Retropubic Prostatectomy.....JOHN S. HAINES, M.D.
9. Collagen Disorders.....A. McGEHEE HARVEY, M.D.
10. Elective Induction of Labor.....ARTHUR L. HASKINS, M.D.
11. The Use of ACTH and Adrenal Steroids.....JOHN EAGER HOWARD, M.D.
12. Polio Vaccine.....HOWARD A. HOWE, M.D.
13. Heart.....JOHN T. KING, M.D.
14. Office Gynecology.....EMIL NOVAK, M.D.

* Arranged by the Joint Committee on Medicolegal Problems, of which Mr. John S. Stanley is the Chairman for the Maryland and Baltimore City Bar Associations, and Dr. Russell S. Fisher is the Chairman for the Medical and Chirurgical Faculty.

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| 15. Disks and Low Back..... | FRANK J. OTENASEK, M.D. AND ALLEN F. VOSHELL, M.D. |
| 16. Public Health..... | PHILIP E. SARTWELL, M.D. |
| 17. Serpasil and Equanil..... | LAWRENCE M. SERRA, M.D. |
| 18. Hypertension..... | CAROLINE B. THOMAS, M.D. |
| 19. Arthritis and Rheumatic Diseases..... | CHARLES W. WAINWRIGHT, M.D. |
| 20. Pathology..... | TOBIAS WEINBERG, M.D. |
| 21. Endocrine Disease..... | LAWSON WILKINS, M.D. |
| 22. Recent Advances in Uveitis..... | ALAN C. WOODS, M.D. |
| 23. Vascular Diseases of the Extremities..... | GEORGE H. YEAGER, M.D. |
| 24. Laryngectomy..... | WAITMAN F. ZINN, M.D. |

Thursday, May 3, 1956

Afternoon Session, Osler Hall

(Entrance and Exit—Maryland Avenue)

ERNEST F. POOLE, M.D., *Vice-President*, Presiding

- 2:00 p.m. The Evolution of Public Health is a Medical Specialty. (Illustrated.) ERNEST L. STEBBINS, M.D., Director of The Johns Hopkins University School of Hygiene and Public Health.
- 2:30 p.m. HARVEY GRANT BECK MEMORIAL LECTURE. Current Views on Certain Aspects of Management in Cardiac Infarction. (Illustrated.) ROBERT L. LEVY, M.D., Professor of Clinical Medicine Emeritus, College of Physicians and Surgeons, Columbia University, Consulting Physician, Presbyterian Hospital, New York City.
- 3:00 p.m. The Management of Ulcerative Colitis. (Illustrated.) MOSES PAULSON, M.D., F.A.C.P., Associate Professor of Medicine, The Johns Hopkins University School of Medicine.
- 3:30 p.m. The Epidemiology and Modern Concepts in the Management of Tuberculosis.

Panel Discussion

Moderator: LEON H. HETHERINGTON, M.D., Chief, Bureau of Tuberculosis, Maryland State Department of Health

Participants

- Surgery of Pulmonary Tuberculosis. OTTO C. BRANTIGAN, M.D., Chief Surgeon, Church Home and Hospital; Professor of Surgical Anatomy, University of Maryland School of Medicine.
- New Concepts and the Medical Treatment of Tuberculosis. DAVID A. COOPER, M.D., Professor of Clinical Medicine, University of Pennsylvania School of Medicine, and the Graduate School of Medicine, University of Pennsylvania; Philadelphia, Pennsylvania.
- Epidemiology of Tuberculosis. PHILIP E. SARTWELL, M.D., Professor of Epidemiology, The Johns Hopkins University School of Hygiene and Public Health.
- Question and Answer Period.
- 5:00 p.m. Adjournment.

Thursday Evening, May 3, 1956

Sheraton Belvedere Hotel, Charles and Chase Streets

6:00 p.m. *Cocktails*. Jubilee Room.

Those attending the Presidential Dinner will be the guests of the Baltimore City Medical Society for cocktails.

7:00 p.m. *Presidential Dinner*. Charles Room.

Members are urged to bring their wives and guests to the dinner, and a cordial invitation is extended to all to attend the evening meeting immediately following.

General Meeting

Charles Room, Sheraton Belvedere Hotel

8:15 P.M.

WILLIAM H. F. WARTHEN, M.D., *President*, Presiding

EVERYONE is invited to attend this meeting.

1. Invocation. REVEREND WILLIAM C. ROBERTS, M.A., B.D., Rector of Trinity Church, Towson, Maryland.
2. Introduction of MRS. GERALD W. LEVAN, President, Woman's Auxiliary to the Medical and Chirurgical Faculty.
3. Presidential Address. The Practice of Preventive Medicine. WILLIAM H. F. WARTHEN, M.D.
4. Problems Involved in Medical Management of Disaster. (Illustrated.) COLONEL JOSEPH R. SHAEFFER, Chief Surgical Consultant, Office of The Surgeon General, Department of the Army, Washington, D. C.

Friday, May 4, 1956

There will be no scientific session on Friday morning. Members are invited to attend the House of Delegates Meeting in Osler Hall at 9:00 a.m.

Afternoon Session, Osler Hall

(Entrance and Exit—Maryland Avenue)

HENRY A. BRIELE, M.D., *Vice-President, Presiding*

2:00 p.m. Water Intoxication in Common Problems of Pediatrics and Surgery. (Illustrated.) ROBERT E. COOKE, M.D., Associate Pediatrician, Grace-New Haven Community Hospital, Associate Professor of Pediatrics and Physiology, Yale University School of Medicine, New Haven, Connecticut.

2:45 p.m. New Approaches to the Treatment of Psychiatric Disorders. (Illustrated.) FRANK J. AYD, JR., M.D., Chief of Psychiatry, Franklin Square Hospital.

3:30 p.m. *Clinical Pathological Conference* by The Johns Hopkins University School of Medicine and the University of Maryland School of Medicine. (Illustrated.)

MAURICE C. PINCOFFS, M.D., Professor and Head of Department of Preventive Medicine and Rehabilitation, University of Maryland School of Medicine.

FREDERICK G. GERMUTH, JR., M.D., Associate Professor of Pathology, The Johns Hopkins University School of Medicine.

4:30 p.m. Adjournment.

MEDICAL AND CHIRURGICAL FACULTY BALL

Friday Evening, May 4, 1956

9:30 p.m. to 1:00 a.m.

The Alcazar, Cathedral and Madison Streets, Baltimore

All the members, their wives, and guests are urged to attend THE BALL (dress semiformal or formal), which is under the sponsorship of the Woman's Auxiliary to the Baltimore City Medical Society. Tickets \$3.00 per person and checks may be sent to Mrs. Raymond L. Markley, 140 Stevenson Lane, Baltimore 12. Tickets may also be purchased at the door. Music by The Castleonians. There will be a raffle of two gift certificates—first prize of two hundred dollars and a consolation prize of fifty dollars.

Exhibits will be open during Scientific Sessions

EXHIBITORS

Prominent firms, dealing in books and supplies required by physicians, as listed below, will exhibit during the Annual Meeting of the Medical and Chirurgical Faculty.

Our thanks are extended to Hynson, Westcott & Dunning, Inc., who have kindly contributed to our Annual Meeting, although it was not convenient for them to exhibit.

We wish to express our appreciation to the Coca-Cola Bottling Company of Baltimore and The Seven-Up Bottling Company of Baltimore for the serving of free Coca-Cola and Seven-Up to those attending the Meeting.

Booth Number

34—Abbott Laboratories

24—A. S. Aloe Company

10—Ayerst Laboratories

9—Baby Development Clinic

20—The Baker Laboratories, Inc.

23—Brayten Pharmaceutical Company

16—A. J. Buck & Son

17—Ciba Pharmaceutical Products, Inc.

26—Herbert Cox—Correct Shoes

5—Desitin Chemical Company

21—Doho Chemical Corporation

18—Eaton Laboratories, Inc.

13—C. B. Fleet Company, Inc.

27—Graymar Company

25—Kloman Instrument Company, Inc.

14—Lederle Laboratories, Division, American Cyanamid Company

2—The Liebel-Flarsheim Company

Booth
Number

- 30—Eli Lilly and Company
- 6—Mead Johnson & Company
- 33-B—Milex of New York
- 19—Murray-Baumgartner Surgical Instrument Company, Inc.
- 4—Pfizer Laboratories, Inc.
- 35—Portable Oxygen Systems Company
- 31—William P. Poythress & Company, Inc.
- 7—A. H. Robins Company, Inc.
- 11—J. B. Roerig and Company
- 15—William H. Rorer, Inc.
- 12—W. B. Saunders Company
- 32—Schering Corporation
- 8—G. D. Searle & Company
- 22—Similac Division, M & R Laboratories
- 33-A—Raymond K. Tongue Company, Inc.
- 28—The Upjohn Company
- 1—U. S. Vitamin Corporation
- 29—Walker Laboratories, Inc.
- 3—The Williams & Wilkins Company

SUBCOMMITTEE ON EXHIBITS

NORMAN R. FREEMAN, JR., M.D., *Chairman*, Baltimore
 JOHN N. CLASSEN, M.D., Baltimore
 MICHAEL I. O'CONNOR, Baltimore
 JOHN A. STREVIG, Ph.D., Baltimore

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Representative of Railway Express Agency, Mr. E. R. Redding, will be available for information during the meeting.

WOMAN'S AUXILIARY TO THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND
 SEVENTH ANNUAL CONVENTION PROGRAM

May 2, 3, and 4, 1956

Headquarters

Sheraton-Belvedere Hotel, Charles and Chase Streets, Baltimore

Tuesday, May 1

9:00 p.m. Pre-Convention Executive Board Meeting. Suite 1006-7

Wednesday, May 2

Assembly Room, Twelfth Floor

9:00 a.m. Registration.

9:30 a.m. General Session.

MRS. GERALD W. LEVAN, *President*, Presiding.

Pledge of Loyalty.

Greetings from the Faculty. DR. BEVERELY C. COMPTON, *Vice-President*, Medical and Chirurgical Faculty of Maryland.

Response to Greetings. MRS. JOHN G. BALL.

Introduction of Honored Guests.

Presentation of Convention Chairman.

Reports of Officers and Chairmen.

Adoption of Revised Constitution and By-Laws.

Election of Officers.

Installation of Officers. MRS. MASON G. LAWSON, *National President*.

Acceptance Speech of Newly Elected President. MRS. HOMER U. TODD, SR.

Message from National Auxiliary. MRS. MASON G. LAWSON, *President*.

Announcements.

12:00 noon. Adjournment.

LUNCHEON WITH THE DOCTORS

Ballroom, Twelfth Floor

Reservations for tickets (\$3.25 each) must be in the hands of the Chairman, Mrs. Charles H. Williams, 1632 Reisterstown Road, Pikesville, Baltimore 8, by Friday, April 27, 1956, in order to insure receipt of tickets in time for luncheon.

12:30 p.m. Invocation. FREDERICK D. EVSTER, D.D., *President*, Potomac Synod of the Evangelical and Reformed Church.
Address. MRS. MASON G. LAWSON, *President*, Woman's Auxiliary to the American Medical Association.
Presentation of President's Pin. MRS. GERALD W. LEVAN.
Presentation of Past President's Pin. MRS. GEORGE H. YEAGER.
Inaugural Message. MRS. HOMER U. TODD, SR.
3:00-5:00 p.m. Social Hour—Tea. Assembly Room, Twelfth Floor.

Thursday, May 3

9:00 a.m. Past Presidents' Breakfast. Suite 1006-7.
President's Breakfast with Component Presidents.
10:00 a.m. Second General Session. Blue Room, Second Floor. MRS. GERALD W. LEVAN, Presiding.
Annual Reports of Committee Chairmen.
Unfinished Business.
New Business.
Adjournment.
Post-Convention Executive Board Meeting. MRS. HOMER U. TODD, SR., Presiding.
COMMITTEES: *Convention Arrangements*, MRS. THOMAS E. WHEELER, *Chairman*; *Reservations*, MRS. CHARLES H. WILLIAMS;
Registration, MRS. CONRAD ACTON; *Press and Publicity*, MRS. THOMAS C. WEBSTER; *Hospitality*, MRS. A. AUSTIN
PEARRE; *Flowers and Favors*, MRS. LOUIS Z. DALMAU; MRS. T. EDGIE RUSSELL.

SPECIAL FEATURES

Thursday Evening, May 3, 1956, 7:00 p.m.

MEDICAL AND CHIRURGICAL FACULTY DINNER (Cocktails 6:00 p.m.)

Wives and Guests Invited (Charles Room, First Floor)

The wives are cordially invited to the dinner and are urged to join their husbands on this occasion. There will be the Presidential Address by DR. WILLIAM H. F. WARTHEN—"The Practice of Preventive Medicine," and a lecture, "Problems Involved in Medical Management of Disaster," by COLONEL JOSEPH R. SHAEFFER, Chief Surgical Consultant, Office of the Surgeon General, Department of the Army, Washington, D. C.

Friday Evening, May 4, 1956

MED-CHI BALL, THE ALCAZAR, CATHEDRAL AND MADISON STREETS, BALTIMORE

9:30 P.M.-1:00 A.M.

The Woman's Auxiliary to the Baltimore City Medical Society has arranged the Annual Med-Chi Ball. Music by The Castleonians, raffle of two gift certificates—first prize of two hundred dollars and a consolation prize of fifty dollars. For tickets (\$3.00 per person) contact or send check to Mrs. Raymond L. Markley, 140 Stevenson Lane, Baltimore 12. Tickets may also be purchased at the door.

The remainder of the Reports will be published in the October 1956, Maryland State Medical Journal, Vol. 5, No. 10

Health Departments

STATE OF MARYLAND DEPARTMENT OF HEALTH MONTHLY COMMUNICABLE DISEASE REPORT

Case Reports Received during 4-week Period, August 3-30, 1956

	CHICKENPOX	DIPHTHERIA	GERMAN MEASLES	HEPATITIS, INFECT.	MEASLES	MENINGITIS, MENINGOCOCCUS	MUMPS	POLIOMYELITIS, PARALYTIC	POLIOMYELITIS, NON-PARALYTIC	ROCKY MT. SPOTTED FEVER	STREP. SORE THROAT INCL. SCARLET FEVER	TYPHOID FEVER	UNDULANT FEVER	WHOOPING COUGH	TUBERCULOSIS, RESPIRATORY	SYPHILIS, PRIMARY AND SECONDARY	GONORRHEA	OTHER DISEASES	DEATHS
																			Influenza and pneumonia
Total, 4 weeks																			
Local areas																			
Baltimore County	2	—	2	—	1	1	9	1	—	—	3	1	—	—	8	1	2	—	4
Anne Arundel	—	—	2	—	—	—	3	—	—	—	—	—	—	—	8	—	1	m-1	4
Howard	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Harford	—	—	—	—	—	—	—	4	—	—	—	—	—	—	2	—	1	—	—
Carroll	—	—	—	—	—	—	2	2	—	2	1	—	—	—	—	—	1	—	1
Frederick	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—
Washington	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Allegany	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	m-1	—
Garrett	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Montgomery	—	1	—	—	—	—	15	1	—	1	5	—	—	2	11	—	—	m-1	1
Prince George's	—	—	—	1	3	—	1	—	—	—	—	—	—	—	6	—	—	p-1	2
Calvert	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Charles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Saint Mary's	1	—	1	—	—	—	1	—	—	2	1	—	—	—	—	—	—	m-1	—
Cecil	3	—	—	—	4	—	9	—	—	—	—	—	—	—	—	—	1	—	3
Kent	—	—	—	—	2	—	—	1	—	—	—	—	—	—	1	—	—	—	—
Queen Anne's	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Caroline	—	—	—	—	—	—	3	1	—	—	—	—	—	2	—	—	3	—	—
Talbot	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	3	—	—
Dorchester	—	—	—	—	—	—	1	—	—	—	—	—	—	2	—	—	1	—	3
Wicomico	—	—	—	1	4	—	1	—	—	—	—	—	—	2	—	—	7	—	—
Worcester	—	—	—	—	—	—	—	—	—	—	—	—	3	3	1	—	1	—	1
Somerset	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—
Total Counties	6	1	5	2	15	1	45	10	0	5	10	1	1	5	50	2	24	—	20
Baltimore City	14	0	10	2	18	2	53	4	0	0	8	2	0	8	78	9	630	t-1 w-1	10
State																			
August 3-30, 1956	20	1	15	4	33	3	98	14	0	5	18	3	1	13	128	11	654	—	30
Same period 1955	17	2	12	7	28	0	55	44	35	5	36	6	0	41	133	18	548	—	33
5-year median	21	1	14	13	125	2	52	58	—	8	14	3	2	55	183	18	678	—	30
Cumulative totals																			
State																			
Year 1956 to date	2426	1	1063	74	9217	43	2546	31	5	14	662	16	6	107	1418	184	4698	—	483
Same period 1955	2073	10	446	277	1468	21	1436	88	52	20	2172	16	0	292	1358	127	4921	—	442
5-year median	3028	12	663	295	5525	49	1925	91	—	29	1332	19	16	339	1689	146	4829	—	431

m = meningitis, other than meningococcus.
p = psittacosis.

t = tetanus.
w = Weil's disease.